

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002512319
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Dollarhide Drinkard Unit
8. Well No. 89
9. Pool name or Wildcat Tubb Drinkard

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Texaco Producing Inc.	
3. Address of Operator Box 730, Hobbs, NM 88240	
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1830</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3169' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 1) MIRU. Pld rods & pmp. Instld BOP. Pld tbg.
- 2) Ran 4-3/4" bit & csg scraper. C/O scale 6280-6850'. POH.
- 3) WIH w/pkr. Spt Amm Bicarb 6280-6850'. Pld up. PSA 5920'. SI 48 hrs.
- 4) A/w/4000 gal 15% NEFE in 3 stgs. Tailed in w/165 gal scale inhibitor. 2400#-Max P. AIR 5 BPM @ 2000#. ISIP 1500#.
- 5) POH. Ran prod equip. P/62 BO, 489 BW, 20 MCF. Perfs 6357-6663'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. A. Head TITLE Area Manager DATE 11/14/89

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 22 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 21 1989

OCD
HOBBS OFFICE