

OIL CONSERVATION DIVISION

DISTRICT I P.O. Box 1980, Hobbs, NM 88240
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30 025 12321
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil / Gas Lease No. B-9613
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
8. Well No. 42
9. Pool Name or Wildcat DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR= 3197

SUNDRY NOTICES AND REPORTS ON WELL (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 [] GAS WELL [] OTHER Injection Well

2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC

3. Address of Operator P.O. BOX 730, HOBBS, NM 88240

4. Well Location Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 32 Township 24S Range 38E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR= 3197

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING []
OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPERATION [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: Convert to Injection [X]

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.

Objective: Convert to Injection

- 1) Ran bit & casing Scraper to 6714' (44' below perms)
2) Ran casing inspection 3125' to TD. Gr/DSN from TD to 5000'.
3) Set 7" loc-set packer @ 6541' on 2 3/8" poly lined injection tubing.
4) Test tubing/casing annulus to 500# held okay. (Chart attached, copy on reverse)
5) 12-05-94: Inject 170 BWPD @ 1300#

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

SIGNATURE [Signature] TITLE Engr Asst DATE 2/15/94

TYPE OR PRINT NAME Larry W. Johnson Telephone No. 397-0426

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE FEB 18 1994

CONDITIONS OF APPROVAL, IF ANY:

JCBA

CB

