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. Box 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. 3002512324

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil / Gas Lease No. 172010

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name: WEST DOLLARHIDE DRINKARD UNIT

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

8. Well No. 45

3. Address of Operator: 15 SMITH ROAD, MIDLAND, TX 79705

9. Pool Name or Wildcat: DOLLARHIDE TUBB DRINKARD

4. Well Location
Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 32 Township 24S Range 38E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3176'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☑	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPERATION	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: REPAIR CSG LEAK & RTRN TO INJ	☑			OTHER:			☐

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.

TEXACO E&P INTENDS TO LOCATE & REPAIR A CASING LEAK & RETURN TO INJECTION.

1) TEST ANCHORS.
2) MIRU PU.
3) RELEASE INJECTION PKR & TOH.
4) UNLOAD & TALLY RENTAL TBG.
5) TIH W/BIT & BAILER TO 6600'.
6) TIH W/PKR & RBP ON RENTAL TBG.
7) ISOLATE CSG LEAK & ESTAB RATE & PRESSURE INTO LEAK
8) SQUEEZE LEAK.
9) TIH W/BIT & DC'S.
10) DRILL OUT CMT & TEST CSG. RESQUEEZE IF NECESSARY.
11) TOH & LD BIT & DC'S.
12) TIH W/RETRIEVING TOOL & PULL RBP.
13) TIH W/PKR & TBG. SET PKR @ 6400'.
14) ACIDIZE PERFORATIONS 6446-6600 W/2000 GALS 15% NEFE HCL.
15) TOH W/PKR.
16) TIH W/INJECTION TBG & PKR.
17) RETURN TO INJECTION.

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

SIGNATURE J. Denise Leake TITLE Regulatory Specialist DATE 5/22/2002

TYPE OR PRINT NAME J. Denise Leake Telephone No. 915-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE ORIGINAL SIGNED BY GARY W. WINK

DATE JUN 05 2002

DeSoto/Nichols 12-93 ver 1.0