

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. 3002512328/4
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9613
7. Lease Name or Unit Agreement Name West Dollarhide Drinkard Unit
8. Well No. 45
9. Pool name or Wildcat Dollarhide Drinkard (Tubb)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3176' RT

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 ☐ GAS WELL ☐ OTHER Water Injection

2. Name of Operator
Texaco Producing Inc

3. Address of Operator
P.O. Box 730 Hobbs, New Mexico 88240

4. Well Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line
Section 32 Township 24-S Range 38-E NMPM Lea County

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: Correct Injection Profile ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

- 1) Pump 100 bbl. delayed-crosslinked polyacrylamide @ 1/3 bpm @ 1500#, SI 24 hrs.
- 2) C/O to 6611' pbtd, return to injection.
- 3) Run injection profile.
- 4) Acidize perms (6512-6564') w/1000 gal. 15% NEFE HCL @ 1400#.
- 5) Resume injection.

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

SIGNATURE L.W. Johnson TITLE Engr. Asst. DATE 6-29-90
TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 03 1990
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL - 2 1990

U.S. DEPT. OF JUSTICE
HOBBS OFFICE