

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.  
30 025 12328 ✓

5. Indicate Type of Lease  
STATE ☒ FEB ☐

6. State Oil & Gas Lease No.  
B-9613

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.  
43

9. Pool name or Wildcat  
DOLLARHIDE 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 ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator  
Texaco Exploration and Production Inc.

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

4. Well Location  
Unit Letter B : 1980 Feet From The EAST Line and 660 Feet From The NORTH Line  
Section 32 Township 24S Range 38E NMPM LEA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3220' KB

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 OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: REPAIR TUBING LEAK ☒

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.

02-02-93

- 1) PULLED INJECTION PACKER & TUBING, LOCATE TUBING LEAK
- 2) RAN 2 3/8" IPC TUBING & 4" INJECTION PACKER, SET @ 6450'
- 3) LOAD ANNULUS W/INHIBITED WATER, TEST TO 730# 30 MIN (CHART ATTACHED , COPY ON BACK)
- 4) RESUME INJECTION

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

SIGNATURE John Johnson TITLE ENGR ASST DATE 04-01-93

TYPE OR PRINT NAME L.W. JOHNSON TELEPHONE NO. 393-7191

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APR 26 1993

