Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30 025 12328	
		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE X FEE 6. State Oil & Gas Lease No. B-9613	
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.)			
		7. Lease Name or Unit Agreement Name	
1. Type of Well: OR. GAS WELL OTHER WATER INJECTION		WEST DOLLARHIDE DRINKARD UNIT	
2. Name of Operator		8. Well No.	
Texaco Exploration and Production Inc.		43	
3. Address of Operator P. O. Box 730 Hobbs, NM 88240 4. Well Location		9. Pool name or Wildcat DOLLARHIDE TUBB DRINKARD	
Unit Letter B: 1980 Feet From The EAST	Line and	660 Feet From The NORTH Line	
Santina 20 Tanandia 045	D 20E	County	
Section 32 Township 24S	Range 38E hether DF, RKB, RT, GR, etc.)	NMPM LEA	
//////////////////////////////////////			
11. Check Appropriate Box to Indi	cate Nature of Notice, R	eport, or Other Data	
NOTICE OF INTENTION TO:	SUE	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CI	EMENT JOB 🗌	
OTHER:	□ ОТНЕВ:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent deswork) SEE RULE 1103.	tails, and give pertinent dates, inclu	ding estimated date of starting any proposed	
08-06/14-92 1) PULLED INJECTION PACKER & TUBING 2) C/O 5 1/2" CASING TO 4" LINER TOP @ 4746' 3) C/O 4 " LINER 4746'-6790', SET 4" RBP @ 4790' & 4) TEST LINER TOP TO 1000#, HELD OK, TEST 5 1/2" 5) RAN 2 3/8" IPC TUBING (TEST IN TO 4000#) W/ 4" 6) LOAD ANNULUS W/INHIBITED WATER, TEST TO 620# 7) RESUME INJECTION 09/03/92; 430BWPD @ 930#	4740' TO SURFACE TO 6: NJECTION PACKER, SET @	20#, HELD OK	
I hereby certify that the information above is true and complete to the best of my knowled	dge and belief.		
SKONATURE JUK JOHNSON	TITLE ENGR ASST	DATE 10-26-92	
TYPE OR PRINT NAME L.W. JOHNSON		TELEPHONE NO.393-7191	
(This space for State Use) ORIGINAL MCNED BY JERRY SEXTON DISTRICT I SUPERVISOR		OCT 3 0 '92	
APPROVED BY	. m.e	DATE	

