

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.
30-025-12337
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1732

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 ☐

2. Name of Operator
Texaco Producing Inc

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

4. Well Location
Unit Letter M : 330 Feet From The South Line and 660 Feet From The West Line

Section 33 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3165' GR

7. Lease Name or Unit Agreement Name
West Dollarhide Drinkard U.

8. Well No.
72

9. Pool name or Wildcat
Dollarhide Tubb-Drinkard

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Repair casing and Wellhead <input type="checkbox"/>	

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.

See Other Side:

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 11/30/90

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WORKOVER PROCEDURE- WDDU #72

- (1) Wellhead cocked to the side and trace of gas was seeping from ground, so cellar was dug out.
- (2) Ran cables from deadmen and winched wellhead upright. Called J. Sexton at NMOCD for approval for emergency repairs.
- (3) MIRU pulling unit. Pulled rods and pump. NU BOP. Pull tubing.
- (4) Set RBP at 2500' and circulated 100 Bbls FW; no communication between 5 1/2" and 8 5/8" casing. ND BOP
- (5) Built wellhead brace and base plate. Cemented in base plate.
- (6) Rigged up loggers. Ran Casing inspection tool and bond log from 2500' to surface. CIT showed possible split at 1260'.
- (7) Set Pkr at 1280', tested to 2500' at 500 psi and held. Reset Pkr at 1194', tested to 2500' at 500 psi and held pressure.
- (8) Test 5 1/2" casing to surf. Found leak from 323' to 383'.
- (9) Howco squeezed 300 sx class "C"; did not circ. through braden head. Filled cellar with cement to bottom of 8 5/8" wellhead.
- (10) NU BOP. Drilled cement. Still leaking so squeezed with 250 sx.
- (11) Squeezed 300'-340' again with 300 sx and 1000 gal Flocheck.
- (12) Drilled out cement. Tested to 300 psi and held. No backflow.
- (13) Retrieve RBP, circ. hole and ran tubing. ND BOP. Ran rods and tubing. Place well on production. RDMO, clean location.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	NATURAL GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
TEXACO Producing Inc.
Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Change of Operator from Getty to TEXACO Producing Inc. 12/31/84

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West Dollarhide Drink Unit</u>	Well No. <u>72</u>	Pool Name, including Formation <u>Dollarhide Tubb-Drinkard</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B1732</u>
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline Company (0055-0703)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, N.M. 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, Tx 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>32</u> Twp. <u>24S</u> Rge. <u>38E</u>	Is gas actually connected? <u>Yes</u> When <u>NA</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. B. Loh
(Signature)
District Operations Manager
(Title)
April 2, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED 6/1 85
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.