

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.	30-025-12343
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name West Dollarhide Drinkard Unit
2. Name of Operator Texaco Producing Inc	8. Well No. 57
3. Address of Operator P.O. Box 730 Hobbs, New Mexico 88240	9. Pool name or Wildcat Dollarhide Tubbs Drinkard
4. Well Location Unit Letter <u>F</u> : <u>629</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u> Line Section <u>33</u> Township <u>24S</u> Range <u>38E</u> <u>MPM</u> Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3197' 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: Return well to production ☒

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.

Test well Dec. 1990, return former injection well to producing status.

OPT 12/15/90 F 36 oil, 209 wtr, 5MCF, 139 GOR

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 4/11/91
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:

RECEIVED

APR 15 1991

CHIEF
NICHOLAS C. TALLEY