Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 8824U P.O. Box 2088 30 - 025 - 12349 Santa Fe, New Mexico 87504-2088 DISTRICT I 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE 🛛 FEE 🗌 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) WEST DOLLARHIDE DRINKARD UNIT 1. Type of Well: WELL WELL X OTHER 8. Well No. 2. Name of Operator 56 Texaco Exploration and Production Inc. 9. Pool name or Wildon 3. Address of Operator DOLLARHIDE TUBB/DRINKARD P. O. Box 730 88240 Hobbs, NM Well Location 330 Feet From The . 2310 Feet From The _ North Line and _ Line County **NMPM** I FA 38-E Township 24-5 Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3183' GR, 3195' KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** X OTHER: CONVERT TO INJECTION 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. MIRU. Pulled rods and pump. Installed BOP. Pulled tubing.
- 2. TIH w/ bit and casing scraper. Cleaned 5" liner to 6744'.
- 3. Ran casing inspection log from 6744'to surface.
- 4. Acidized Drinkard w/1500 gals 15% NEFE.

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- 5. Ran 2-3/8" polyethylene lined injection tubing with packer; set at 6440'.
- 6. Tested annulus to 320# 30 min., Held OK (Chart attached, copy on reverse).
- 7. 10-01-93 Commenced injection: 70 BWPD @ 1250#.
- 8. Run step rate test and profile when rates stabilize.

SIGNATURE	Coheson	TITLE Engr Asst	DATE 10-11-93
TYPE OR PRINT NAME L.	W. Johnson		<u>ТВІ.ВРНОМЕ NO.505—393—71</u>
(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT-I SUPERVISOR		OCT 1 3 1993

