

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. 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.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER		7. Unit Agreement Name
2. Name of Operator TEXACO PRODUCING INC		8. Farm or Lease Name WEST DOLLARHIDE DRINKARD UNIT
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240		9. Well No. 94
4. Location of Well UNIT LETTER L 2550 FEET FROM THE SOUTH LINE AND 130 FEET FROM THE WEST LINE, SECTION 32 TOWNSHIP 24S RANGE 38E N.M.P.M.		10. Field and Pool, or WHdcat DOLLARHIDE TUBB DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.) 3158 K.B.		12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER SPUD NOTICE AND SURFACE CASING ☒

17. 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.

SPUD W.D.D.U. WELL NO. 94 AT 10:00 P.M. 11-15-87
TD 17 1/2" HOLE AT 9:00 AM 11-17-87
RAN 27 JTS 13 3/8" 54.50" K-55 ST&C CASING. SET AT 1204'
CEMENTED W/1400 SXS CLASS H 2% COLL₂, 1/4" FLOCELE
CIRCULATED. 330 SXS TO SURFACE
WOC 18 HRS
TESTED CG TO 1000 PSI FOR 30 MINUTES
HELD OK

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

SIGNED J. H. Patterson TITLE Area Engineer DATE 12-4-87

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DEC 9 1987

DEC 6 1961
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HISTORICAL OFFICE