

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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 30228
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	92
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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 EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>F</u> : <u>1585</u> Feet From The <u>NORTH</u> Line and <u>1460</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. 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 OPERATION ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: <u>Acidize & Scale Squeeze</u> ☒	

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.

1-12-01: MIRU. NDWH. NUBOP. TAG @ 6488'.
 1-15-01: TIH W/SONIC HAMMER, SN ON TBG. ACID WASH DRINKARD CSG PERFS 6488-6422 W/4000 GALS 15% NEFE HCL. SCALE SQUEEZE THRU SONIC HAMMER W/165 GALS TH-756.
 1-16-01: TIH W/BPSMA, SN, TBG, TAC. TBG @ 6455'. SN @ 6428'. TAC @ 6300'. NDBOP. NUWH. TIH W/GAS ANCHOR, PMP, SNKR BARS, & RDS. SPACE OUT 5". LOAD & TEST TO 500#-OK. PUMPING @ 3:30 PM 8X100" SPM. RIG DOWN.
 2-16-01: ON 24 HR OPT. PUMPING 34 BO, 31 BW, & 26 MCF.

FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 3/21/01
 TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

APPROVED Paul Kautz Geologist
 CONDITIONS OF APPROVAL IF ANY: _____ TITLE _____ DATE _____