Submit 3 Copies

## State of New Mexico

Form C-103 Revised 1-1-89

Energy,	Minerals	and	Naturai	Resources	Departmen

District Office		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATIO P.O. Box 208	WELL API NO. 30-035- 30338	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico	5. Indicate Type of Lease STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. B-9613
SUNDRY NOTICES AND REPORTS ON WEL		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT	
1. Type of Weil: OIL GAS WELL OTHER	DRINKARD CIT	
2. Name of Operator	8. Well No.	
TEXACO PRODUCING IN C	9. Pool name or Wildcat	
3. Address of Operator P.C., BOX 728, HOBBS, NEW MEXICO	DOCARHIDE TUBB DRINKARD	
4. Well Location Unit Letter : 1585 Feet From The NORTH	Line and <u>146</u> C	Feet From The <u>EAST</u> Line
Section 32 Township 24-5 Rai	nge 38-E	NMPM CEA County
Section S Township 1 Rail 10. Elevation (Show whether to	DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate N	Nature of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE	EMENT JOB .
OTHER:	OTHER: RAN PR	ODUCTION CASING X
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and	d give pertinent dates inclu	ding estimated date of starting any proposed
work) SEE RULE 1103. T.D. 77/6" HOLE AT 8:00 P.M. 4-29-89 RAN 171 JTS 5%", 17# J-55 LT&C CASI		
RAN MIJTS 56", 17", J-55 LT&C CASH	NG SEI AI 6	Tab. DV Table to the
	11 + With	TOTELE AND TAILED W/330 SXS
1 <sup>St</sup> STAGE CEMENTED WISSO SXS LITE WE. CLASS H + 1/4 <sup>#</sup> FLOCELE_CIRCULATED 16	IGHT HT 14 T 20 SXS CEMBNI	TO SURFACE.
2ND STAGE CEMENTED W 1550 5 XS LITEU	DEIGHT H + 19	SALT + 14 FLACELE AND TAILEL
w/575 SXS CLASS H+ 4 FLOCELE. CIR	COLATED S	15 SXS CEMENT TO SURFACE.
RECEASED RIG AT 8:00P.M. MAY 1,1		
I hereby certify that the information above is true and complete to the best of my knowledge and	belief. AREA SUPERI	INTENDENT MAY 2 1989
SIGNATURE REPARENTED TO	LE	TELEPHONE NO. 394-2585
TYPE OR PRINT NAME K.L. JOHNSON		
(This space for State Use)  ORIGINAL SIGNED BY JERRY SEXTON		MAY * 4 1989
ORIGINAL BIOTAL SLIPERVISOR		DATE # 1000

CONDITIONS OF AFFROVAL, IF ANY:

DISTRICT I SUPERVISOR

RECEIVED

MAY 3 1989

1447 J. J. St.

OCD HOBBS OFFICE