

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 30229
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	93
9. Pool Name or Wildcat	DOLLARHIDE DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR 3185 KB 3200	

SUNDRY NOTICES AND REPORTS ON WELL
(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 ☒ 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 G : 1535 Feet From The NORTH Line and 2575 Feet From The EAST Line
Section 32 Township 24S Range 38E NMPM LEA COUNTY

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 OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ACIDIZE ☒

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.

10-11-99: MIRU. UNHANG WELL & TOH W/RDS. TIH W/FSHNG TOOL & WOULD SLIP OFF FISH-NOT CATCHING FSH.
10-12-99: BLED WELL DN. TIH W/UNDERSIZE FSH & CATCH FISH. UNSEAT PUMP. FOUND BAD COUPLINGS. PUMP 500 GALS 15% NEFE DN
TBS & FLSH W/50 BBLs. SWAB.
10-13-99: BLED OFF WELL. TIH W/PMP & RDS. SPACE OUT & LOAD & TEST-OK. RIG DOWN.
11-09-99: ON 24 HR OPT. PUMPED 33 BO, 129 BW, & 53 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 11/17/1999

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 11/24/1999

CONDITIONS OF APPROVAL, IF ANY: