District Office	Energy, Minerals and Natural Resources Department	Revised 1-1-8
DISTRICT I	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM	88240 P.O. Box 2088	30 025 30230
DISTRICT II	Santa Fa. New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia	a, NM 88210	STATE 🗸 FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec,	NM 87410	6. State Oil / Gas Lease No. B-9613
SU (DO NOT USE THIS FOR	JNDRY NOTICES AND REPORTS ON WELLS RM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO RENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.	7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT
Type of Well: OIL WELL	GAS — WELL OTHER	
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 96
3. Address of Operator	205 E. Bender, HOBBS, NM 88240	Pool Name or Wildcat     DOLLARHIDE TUBB DRINKARD
Well Location     Unit Letter	E: 1480 Feet From The NORTH Line and 150	Feet From The WEST Line
Section 32	Township 24S Range 38E NM	PMLEA_ 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: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WOR	K PLUG AND ABANDON REMEDIAL WORK	✓ ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPE	RATION PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMEN	ТЈОВ
OTHER:		ACIDIZE
9-26-00: TIH TO 6845' W// 5957'. LOAD & TEST CSG 9-27-00: ACIDIZE W/3000 PSI. 9-28-00: UNSET PKR & T TIH W/MUD JT, SN, 2 7/8" 9-29-00: NDBOP. SET TA DOWN & CLEAN LOCATIO	WELL. UNSET PUMP & TOH W/RDS & PMP. UNFLANGE WH & REL TAC. CSG SCRAPER. TIH W/RBP & PKR. SET RBP @ 6375'. PSA 6370'. TEST R W/500 PSI-OK. GALS NEFE ACID. CHEMICAL SQUEEZE PERFS W/2 DRUMS TH793 & FIH W/2 JTS. FLOWING THROUGH CSG & DIED. WASH OVER SALT ON RETBG, TAC. C. FLANGE UP WH. TIH W/PMP W/GAS ANCHOR, SNKR BARS, RDS. SPA	RBP W/500 PSI. REL PKR & RESET PKR @ LUSH W/100 BBLS 2% KCL @ 2 BPM @ 1700 BP & CIRC CLN. LATCH ONTO RBP & REL.
I hereby certify that the afformation above SIGNATURE  TYPE OR PRINT NAME	J. Denise Leake	DATE <u>1/4/</u> 01 Telephone No. 397-0405

(This space for State Use) APPROVED

BUNDITIONS OF APPROVAL, IF ANY: