Submit 3 Copies O Appropriate	Energy, Minerals and Natural Resources Department		Revised 1-1-89		
District Office					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025	- 30230	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088  D, Ariesia, NM 88210			5. Indicate Type of Lease STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas L B-9613		
OLINDRY NO.	TIOTE AND DEPORTS ON WEI	IS			
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.)			7. Lease Name or Unit Agreement Name WEST DOLLARHIDE		
	C-101) FOR SUCH PHOPOSALS.)		DRINKARO	OUNIT	
OIL WELL GAS WELL	OTHER				
2. Name of Operator TEXACO PRODUCE	NG INC	,	8. Well No.		
	OBBS NEWMEXICO	288240	9. Pool name or Will DOWARHIDE	TUBB DRINKARD	
4 Well Location _ '		15	-^	, JEST	
Unit Letter <u>E</u> : 19	180 Feet From The NORTH	Line and	C Feet From T	he Line	
Section 32	Township 34-5 Ri	ange 38-E	NMPM Z	EA County	
	////// 3/50' 0	3R			
11. Check	Appropriate Box to Indicate	Nature of Notice, R	Report, or Other I	Data Data	
	ITENTION TO:	SUE	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	A	LTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	GOPNS. L	LUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C		0000	
OTHER:		OTHER: RAN			
WORK) SEE RULE 1103. T.D. 77/8" HOLE AT RAN OPENHOLE LO	erations (Clearly state all pertinent details, a F 10-00 A·M. 5-19-89. C GS 15+RUN COMPENSATE ZNDRUN GAMMA-RAY	CIRCULATED HO ED NEUTRON 6 1 6494-SURFACE	BLE DHRS.T BAY-5000, CA E, DUALLATERU	OH, RIGGED OF WEEL UPER (&94-1250) OG 6894-SOCO!	
TIH AND CIRCULAT	E. TOH.	- (090' 0	J TOOL AT UNI	6 FC AT 6815-	
15 STAGE CEMENTED W	1545 SXS LITE WEIGHT	MENT TO SURFA	KE.		
2ND STAGE CETTENT W/200 SXS CLAS	TED W/2275 SXS LITE WISH + 1/4# FLOCECE. CII	EIGHTH+ Y4#FI ECULATED 1605	OCELE + 15th SXS CEMENT T	ALT AND TAILED OSURFACE:	
	AT 8:00 A.M. M				
I hereby certify that the information above is	true and complete to the best of my knowledge an			MANU 9 9 1000	
SIGNATURE A.C. Whise	с	me AREA SUPER	INTENDENT	_ DATE	
TYPE OR PRINT NAME K.L.	Johnson			TELEPHONE NO. 394-2585	

DISTRICT | SUPERVISOR

MAY 3 1 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 8 0 1989

OCD HOBBS OFFICE