

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. 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. <u>30-025-30230</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>B-9613</u>
7. Lease Name or Unit Agreement Name <u>WEST DOLLARHIDE DRINKARD UNIT</u>
8. Well No. <u>96</u>
9. Pool name or Wildcat <u>DOLLARHIDE TUBB DRINKARD</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3150 GR</u>

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator <u>TEXACO PRODUCING INC</u>
3. Address of Operator <u>P.O. BOX 728, HOBBS, NEW MEXICO 88240</u>	4. Well Location Unit Letter <u>E</u> : <u>1480</u> Feet From The <u>NORTH</u> Line and <u>150</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>24-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3150 GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>SPUD NOTICE AND SURFACE CASING</u> <input checked="" type="checkbox"/>

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.

SPUD W.D.D.U. WELL NO. 96 AT 8:00 P.M. 5-2-89  
T.D. 17 1/2" HOLE AT 7:30 P.M. 5-4-89  
RAN 24 JTS 13 3/8", 54.50#, K-55, ST & C CASING. SET AT 1250'  
CEMENTED W/1300 S CLASS H 2% CaCl<sub>2</sub>, 1/4" FLOCELE.  
CIRCULATED 250 SXS CEMENT TO SURFACE.  
WOC 18 HRS  
TESTED CASING TO 1250 PSI FOR 30 MINUTES.  
HELD OK

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

SIGNATURE K. L. Johnson TITLE AREA SUPERINTENDENT DATE MAY 11 1989  
TYPE OR PRINT NAME K. L. Johnson TELEPHONE NO. 394-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

MAY 15 1989

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: