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 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO. 30-025-30822 5. Indicate Type of Lease

STATEX ममम

DISTRICT III		
1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. B-9613
SUNDRY NOTICES AND REPORTS O	N WEL	LS ////////////////////////////////////
(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: OR. OAS WELL X WELL OTHER		
2. Name of Operator TEXACO PRODUCING INC.		8. Well No. 100
3. Address of Operator		9. Pool name or Wildcat
P. O. Box 3109 Midland, Texas 79702		DOLLARHIDE TUBB DRINKARD
Section 29 Township 24—SOUTH 10. Elevation (Show) GR-3160', KB	Ra whether –3174	DF, RKB, RT, GR, etc.)
** *		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON		REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS. DLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB
		<u></u>

- work) SEE RULE 1103.
- 1. DRILL 11 inch HOLE TO 4000'. REDUCE HOLE SIZE TO 7 7/8 11-8-90. DRILL TO 6875'. TD @ 3:15am 11-16-90.
- 2. HALLIBURTON RAN GR-DLL-CAL-MG, GR-DSN-SDL & GR-SONIC-FACT FROM 6869' TO 4950'. PULLED GR TO SURFACE.
- 3. RAN 5 1/2, LT&C CASING AS FOLLOWS: 40 JTS OF 17# L-80, 29 JTS OF 17# J-55, AND 101 JTS OF 15.5# K-55. SET @ 6875'. DV TOOL @ 3989'. RAN 15 CENTRALIZERS.
- 4. WESTERN CEMENTED: 1st STAGE 375 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT & 1/4# FLOCELE @ 12. 8ppg. F/B 200 SACKS CLASS H @ 15.6ppg. CIRCULATED 90 SACKS. 2nd STAGE - 1950 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT & 1/4# FLOCELE @ 12.8ppg. CIRCULATED 180 SACKS. JOB COMPLETE @ 9:15am 11-18-90.
- 5. INSTALL WELLHEAD & TEST TO 1500#.
- 6. ND. RELEASE RIG @ 7:00pm 11-18-90.
- 7. PREP TO COMPLETE.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE C.P. Bashem/CWH		DATE 11-19-90		
TYPEORPRINT NAME C. P. BASHAM		<b>TELEPHONE NO.</b> 915-6884620		
(This space for State Use)				
A DESCRIPTION S.V.	TILE	DATE		