## Submit 3 Copies

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised	1-1-

District Office	Likigy, mukias aki mama	a resources Department	Revised 1-1-59		
<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-30822		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			S. Indicate Type of Lesse		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE FEE 6. State Oil & Gas Lease No.		
CUNDOV MO	TIOTE AND DEPORTS ON V	WELL 6	B-9613		
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 DRINKARD UNIT			
I. Type of Well: OR GAS WELL X WELL	ОПЕЯ				
2. Name of Operator TEXACO PRODUCING INC.			8. Well No. 100		
3. Address of Operator P. O. Box 3109 Mi	dland, Texas 79702		9. Pool name or Wildcat		
4. Well Location	diana, rexas rorve		DOLLARHIDE TUBB DRINKARD		
Unit Letter M : 1	169 Feet From The SOUTH	Line and	70 Feet From The WEST Line		
Section 29	Township 24-SOUTH		NMPM LEA County		
	'/////X	ther DF, RKB, RT, GR, etc.)			
//////////////////////////////////////	GR-3160' Appropriate Box to Indica	ta Natura of Notice D	enort or Other Data		
NOTICE OF IN	** *		SSEQUENT REPORT OF:		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	COMMENCE DRILLING OPNS. DPLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND C	CASING TEST AND CEMENT JOB		
OTHER: EXTEND PERMIT EXPIRA	TION DATE	OTHER:			
Describe Proposed or Completed Opework) SEE RULE 1103.	rations (Clearly state all pertinent detai	ils, and give pertinent dates, incli	ding estimated date of starting any proposed		
DUE TO DRILLING PRIORITY AN 1990 EXPIRATION DATE.	D SCHEDULING DELAYS, THI	S WELL CANNOT BE SP	OUDDED BEFORE THE SEPTEMBER 21,		
PLEASE EXTEND THIS PERMIT	FOR AN ADDITIONAL SIX (6)	MONTHS.			
I hereby certify that the information above is t	rue and complete to the best of my knowledg	ge and belief.			
SIGNATURE C.P. Boscham	/cwH	TITLE DRILLING SUPERI	NTENDENT DATE 09-04-90		
TYPE OR PRINT NAME C. P. BASHAN	1		TELEPHONE NO. 915-688462		
(This space for State Use)					
APPROVED BY		ти	DATE		
CONDITIONS OF APPROVAL, IF ANY:					

Expuer 3-21-91