

Submit 3 copies
to Appropriate
District Office

El _____, Minerals and Natural Resources Department

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.

30 025 30824

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-9613

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.

102

9. Pool Name or Wildcat

DOLLARHIDE TUBB DRINKARD

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter K : 2446 Feet From The SOUTH Line and 1342 Feet From The WEST Line

Section 32 Township 24S Range 38E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

RKB 3179'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

ACIDIZE & SCALE SQUEEZE ☒

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.

12-21-99: MIRU. NUBOP & UNSET TAC.

12-22-99: TIH W/SONIC HAMMER ON TBG. ACIDIZE PERFS 6442-6781' W/5000 GALS 15% NEFE ACID. SCALE SQUEEZE W/2 DRUMS TH793 THRU SONIC HAMMER TOOL.

12-23-99: TIH W/MUD JT, SN, TBG, TAC. SET TAC W/18 PTS. NDBOP. FLANGE UP WH. TIH W/PMP, GAS ANCHOR, SNKR BARS, RDS. HANG ON & LOAD & TEST W/500-OK. RIG DOWN. PLACE ON PUMP.

1-17-00: ON 24 HR OPT. PUMPED 18 BO, 70 BW, & 76 MCF. DRINKARD PERFS 6442-6781'.

FINAL REPORT

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

SIGNATURE

J. Denise Leake

TITLE Engineering Assistant

DATE 1/27/00

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE