Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office	TRICT I Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-30824	
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			5. Indicate Type of Lease STATE FEE	
			6. State Oil & Gas Lease No. 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	
1. Type of Well: OR GAS WELL X WELL	CTHER			
Name of Operator TEXACO PRODUCING INC.			8. Well No. 102	
3. Address of Operator P. O. Box 3109 Mic	dland, Texas 79702		9. Pool name or Wildcat	
4. Well Location	mand, rexad rove		DOLLARHIDE TUBB DRINKARD	
Unit Letter K : 24	46 Feet From The SOUTH	Line and	1342 Feet From The WEST Line	
Section 32			NMPM LEA County	
	10. Elevation (Show whether GR-3165', KB-3179'	· · · · · · · · · · · · · · · · · · ·		
11. Check NOTICE OF IN	Appropriate Box to Indicate I TENTION TO:	_	Report, or Other Data SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. 🗵 PLUG AND ABANDONMENT 🗌	
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB X	
OTHER:		OTHER: SPUD & SU	JRFACE CASING	
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	ntions (Clearly state all pertinent details, ar	nd give pertinent dates, inclu	uding estimated date of starting any proposed	
2. RAN 27 JTS OF 11 3/4, 42	T TO 500#. NU BOP & TEST TO R 30 MINUTES FROM 5:00am 1	1200'. RAN 12 CEN 2% Cacl2 @ 15.6pp) 3000#. TO 5:30am 12-10-9	NTRALIZERS. ng. PLUG DOWN @ 9:45am 12-9-90.	

I hereby certify that the information above is true and complete to the best of my kno	wledge and belief.	
SIGNATURE C.P. Bashem/CWH	TITLE DRILLING SUPERINTENDENT	DATE 12-11-90
TYPE OR PRINT NAME C. P. BASHAM		TELEPHONE NO. 915-6884620
(This space for State Use)		DEG 1 7 198

- TILE -

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CONDITIONS OF APPROVAL, IP ANY:

APPROVED BY-