

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 30825
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.	103
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: PO BOX 3109, MIDLAND, TX 79702

4. Well Location: Unit Letter J Section 2577 Feet From The SOUTH Line and 2510 Feet From The EAST Line
Section 32 Township 24S Range 38E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3199' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPERATION	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	ACIDIZE

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.

5-02-01: MIRU. BLED DN WELL. JAR ON & UNSET PMP. UNFLANGE WH & UNSET TAC. NUBOP.
5-03-01: SET PKR @ 6110. ACIDIZE W/3500 GALS 15% ACID & 4000# RK SLT. RU SWAB. FL @ 5900. END FL @ 6000.
5-04-01: CHEMICAL SQ JEEZE. REL PKR. TIH W/MUD JT, SN, TBG, TAC. SET TAC @ 6052. NDBOP. FLANGE UP WH. SN @ 6567. BTM OF MUD JT @ 6592. TIH W/FMP. GAS ANCHOR, SNKR BARS, & RDS. SPACE OUT & LOAD W/34 BBLs WTR & TEST W/500 PSI-OK. PUMPING OVERNITE.
5-05-01: RIG DOWN
5-06-01: ON 24 HR OPT. PUMPING 18 BO, 19 BW, & 34 MCF.
DRINKARD ABO PERFS: 6166-6634.

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 9/7/01
TYPE OR PRINT NAME J. Denise Leake Telephone No. 915-688-4752

(This space for State Use)

APPROVED SEP 20 2001 DATE SEP 20 2001
CONDITIONS OF APPROVAL IF ANY: TITLE