

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 30826
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	104
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELL (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:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	P.O. BOX 730, HOBBS, NM 88240
4. Well Location	Unit Letter <u>J</u> ; <u>2541</u> Feet From The <u>SOUTH</u> Line and <u>1380</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

9/20/95: MIRU. TOH with production equipment. Installed BOP.
9/21/95: Set CIBP @ 6660' and cased with 10" cement (PBTD=6650'). Perforated 5-1/2" casing with 8 jsfp on interval 6566'-6572'.
9/22/95: Ran packer and set @ 6424'.
9/26/95: Fracture stimulated formation with 43500g gel + 123500# 20/40 sand (Pmax=10000psi, Pmin=6400psi, ISIP=8360psi, AIR=40 BPM).
9/27/95: Cleaned out sand with coil tubing unit.
9/28/95: Released packer and TOH.
9/29/95: TIH with production equipment.
10/1/95-10/9/95: Returned to production and tested.
10/10/95: OPT test: 34 BO, 74 BW, 37 MCF (24 hours, pumping)

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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant DATE 10/24/95
TYPE OR PRINT NAME Darrell J. Carriger Telephone No. 397-0426

(This space for State Use) ORIGINAL SIGNED BY G. B. WINK DATE 001 06 1995
APPROVED BY G. B. WINK TITLE ENGINEER
CONDITIONS OF APPROVAL, IF ANY: None

