State of New Mexico

Form C-103 Revised 1-1-89

Ener

finerals and Natural Resources Department

District Office	
OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30 025 1 2337 308 30
DISTRICT II Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210	STATE 🔀 FEE
DISTRICT III	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	B-9613
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	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	WEST DOLLARHIDE DRINKARD UNIT
1. Type of Well: OIL SAS OTHER	
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 108
3. Address of Operator ODE E Bondor HODES NIM 88240	9. Pool Name or Wildcat
3. Address of Operator 205 E. Bender, HOBBS, NM 88240	DOLLARHIDE TUBB DRINKARD
4. Well Location	5 15 TI W50T
Unit Letter M : 1201 Feet From The SOUTH Line and 156	Feet From The <u>WEST</u> Line
Section 33 Township 24S Range 38E NN	IPM LEA_ COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3177' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report	t, or Other Data
NOTICE OF INTENTION TO:	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
COMMENCE DIANG	
CASING TEST AND CENTER	_
Total of Activity	ACIDIZED 🖂
OTHER: U OTHER:	7,603,223
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent any proposed work) SEE RULE 1103.	nt dates, including estimated date of starting
1) 1-17-96 RUPU and installed BOP. Tag fill 2 6562'. TOH with production equipment.	
2) Tested into hole with production string, 5-1/2" stimulation packer and 5-1/2" RBP. Sat packer at 6400'.	
3) Acidized Abo perfs (6479'-6530') w/ 3000 gals 15% HCL NEFE at 2-3 BPM (Max TP 2450 psi).	
4) TIH w/ tubing/anchor/GA. SN depth @ 6512'.	
5) 2-20-96 OPT WELL ROD PUMPING 41BOPD, 80BWPD, 32 MCFPD.	

1 hereby certify that the information above is SIGNATURE	true and complete to the best of my knowledge and belie	Field Technician	DATE <u>4/18/96</u>
TYPE OR PRINT NAME	Paul R. Wilcox		Telephone No. 397-0442
(This space for State Use) URIGINAL SIGNED 24 150 1 30 100 N		APR 22 1996	
APPROVED BY CONTRICT OF SECURITIES TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:		DeSoto/Nichols 12-93 ver 1.0	