State of New Mexico nergy, Mi. als and Natural Resources Departr_ant

Form C-103 Revised 1-1-8

DeSoto/Nichols 12-93 ver 1.0

District Office	Energy, Wile. als and N	iaiurai ikt	esources Departitions		Revis	ed 1-1-89
DISTRICT I	OIL CONSERV	ATI	ON DIVISION	WELL API NO		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			3002531487			
DISTRICT II				5. Indicate Type of Lease		
F.O. Box Drawer DD, Artesia, NW 00210					STATE	FEE 🔲
DISTRICT III	`			6. State Oil	Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410		>>1.VA/E1	1		<u>B-9613</u>	
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVING. USE "APPLICATION FOR PERMIT" (CORMAC VOIL FOR SHOULD BORDON S.)				7 Lassa Na	me or Unit Agreement Name	
				1	LARHIDE DRINKARD UNIT	-
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL GAS GAS WELL OTHER WATER IN JECTION				WEST DOE	LANTIDE DRINKARD ONLI	
WELL OTHER WATER INSECTION						
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	120	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name		
4. Well Location					OLLARHIDE TUBB DRINKARD }	
Unit Letter F:	2190 Feet From The	NORT	TH Line and 2224	Feet From	The WEST Line	
Section 32	Township 24-SO	R	ange <u>38-EA</u> NM	IPM	LEA COUNTY	
	1C. Elevation (Show wheth	er DF, RK	B, RT,GR, etc.) GR-3170',	KB-3183'		
11. Check Ap	propriate Box to Indic				Data	
NOTICE OF INTENTIO	N TO:		SU	JBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	\boxtimes	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	RATION []	PLUG AND ABANDONMEN	
PULL OR ALTER CASING		_	CASING TEST AND CEMEN	_		
OTHER:			OTHER:	_	ormed MIT	\boxtimes
NOTIFIED NMOCD. TESTED CSG FRO {ORIGINAL CHART & COPY OF CHART		@ 6397'	TO 560# FOR 30 MINUTE	S-OK. RETU	RNED TO INJECTION.	
TYPE OR PRINT NAME I hereby certify that the information above is true and complete the surface of the surface	TitleTITLE_ Denise Leake		eering Assistant		DATE <u>7/6/99</u> Telephone No. 397-040	05
(This space for State Use) GARY WI	NK				iiii 1 / 100	ß'

JC5

APPROVED BY___

CONDITIONS OF APPROVAL, IF ANY:

FIELD REP. II

TITLE

