

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-31488

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:
OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

8. Well No.
121

3. Address of Operator
P. O. Box 3109 Midland, Texas 79702

9. Pool name or Wildcat
DOLLARHIDE TUBB DRINKARD

4. Well Location
Unit Letter E : 2176 Feet From The NORTH Line and 656 Feet From The WEST Line

Section 32 Township 24-SOUTH Range 38-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3150'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: EXTEND PERMIT EXPIRATION DATE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

DUE TO DRILLING PRIORITY AND DELAYS IN OBTAINING CO-OWNER APPROVALS, THIS WELL CANNOT BE SPUDDED BEFORE THE OCTOBER 20, 1992 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT AN ADDITIONAL SIX (6) MONTHS.

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

SIGNATURE C. P. Basham /cmh TITLE DRILLING OPERATIONS MANAGER DATE 09-25-92

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use) ORIGINAL SIGNED BY JERRY SCATON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 30 '92

CONDITIONS OF APPROVAL, IF ANY:

Expires 4-20-93

RECEIVED

SEP 29 1992

OCD HOBBS OFFICE