

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30 025 31971

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

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"
(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
205 E. Bender, HOBBS, NM 88240

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.
123

9. Pool Name or Wildcat
DOLLARHIDE TUBB DRINKARD

4. Well Location
Unit Letter M 1275 Feet From The SOUTH Line and 200 Feet From The WEST Line
Section 32 Township 24-SO Range 38-EA NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3137', KB-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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Acidize Lower Lateral ☒

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.

3-08-99: MIRU. BLEED DN WELL & UNSEAT PUMP. POH W/PMP & RDS. REL TAC & NU BOP. TIH W/PKR & TBG. PSA 6220'. ACIDIZE LOWER LATERAL BY QOS W/50 BBLS 2% FRESH KCL WATER, 2000 GALS 15% NEFE & FLSH W/50 BBLS 2% KCL FR WTR.
3-09-99: BLEED OFF WELL. TIH W/2 7/8" TBG, TAC, SN, & MUD JT. TAC @ 6128'. SN @ 6256', BTM @ 6284'. SWAB. NBBOP. FLANGE UP WH. TIH W/PMP, SNKR BARS, & RS. HANG ON & LOAD & TEST. RIG DOWN.
3-14-99: ON 24 HR OPT. PUMPING 106 BO, 118 BW, & 67 MCF.
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 3/22/99

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: