Submit 3 copies

to Appropriate District Office	ட்ட .gy, Minerals and Natural Resources Department		Revised 1-1-89	
DISTRICT I	OIL CONSERVA	TION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, N	s, NM 88240 P.O. Box 2088		30 025 31971	
DISTRICT II	RICT II Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III	SIA, INIVI 60210		STATE	FEE _
1000 Rio Brazos Rd., Azte	c, NM 87410		6. State Oil / Gas Lease No.	
S	UNDRY NOTICES AND REPORTS ON V	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 Agreem	ent Name
	(FORM C-101) FOR SUCH PROPOSALS		WEST DOLLARHIDE DRINK	ARD UNIT
1. Type of Well: OIL WELL	☐ GAS WELL ☐ OTHER			
2. Name of Operator	Name of Operator TEXACO EXPLORATION & PRODUCTION INC.		8. Well No. 123	
3. Address of Operator	205 E. Bender, HOBBS, NM 88240		9. Pool Name or Wildcat DOLLARHIDE TUBB D	DDINKADD
4. Well Location				DRIINKAND
Unit Letter	M : 1275 Feet From The S	OUTH Line and 200	Feet From The WEST	Line
Section 32	•	Range 38-E NM		COUNTY
	10. Elevation (Show whether D	F, 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:	SU	BSEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASIN	NG 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	RATION PLUG AND ABAN	NDONMENT
PULL OR ALTER CASING	$\bar{\Box}$	CASING TEST AND CEMEN		
OTHER:		OTHER:		
6318'. BIT HANGING UP. 12-23-97: RAN SONIC HA WATER. ACIDIZED PERF 12-24-97: RAN MA, SN, TE BBLS PROD WTR. TEST	NUBOP. LOWER TBG & TAG 6390'. TIH W/B MMER ON TBG. TAG @ 6388'. WSHD TO B S 6324-6444, THRU SONIC HAMMER W/2000 BG & TA. REM BOP. MA @ 6349'. SN @ 6306' FBG TO 500 PSI-OK. RD. ON PRODUCTION PUMPED 46 BO, 55 BW, & 28 MCFDCHANG	TM PERF @ 6444'. WSH PERF GALS 15% NEFE. FLSHD W/3 . TA @ 6019'. RAN GA ON PM @ 5 PM.	FS 6444-6324' W/200 BBLS PR 37 BBLS PROD WTR. P. SPACE PUMP @ 8.5". LOAD	ODUCED
TYPE OR PRINT NAME	J. Denise Leake	ngineering Assistant	DATE <u>1</u> Telephone No.	/ <u>27/98</u> 397-0405
(This space for State Use)	V NOTE OF A WILLIAMS			
APPROVED BY	DID THE FEBRUARY SOPTITE		DATE.	- 1 to 12

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY: