

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	3002531972
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9613
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	125
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD

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

4. Well Location
Unit Letter N ; 1150 Feet From The SOUTH Line and 1400 Feet From The WEST Line
Section 33 Township 24-SO Range 38-EA NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-3169', KB-3182'

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 & SCALE SQUEEZE

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.

10-18-99: MIRU. PUMP STUCK. BACK OFF RDS. NUBOP. STRIP TBG OUT.

10-19-99: TIH W/SONIC HAMMER TOOL & ACIDIZE W/5000 GALS 15%. SCALE SQZ W/2 DRUMS TH793.

10-20-99: TIH W/MUD JT, SN, TBG, TAC. ND BOP. SET TAC W/18 PTS. SN @ 6907'. TAC @ 6145'. MDU JT @ 6932'. TIH W/PMP, GAS ANCHOR, SNKR BARS, & RDS.

10-21-99: TIH W/RDS. CHANGE OUT COUPLINGS. SPACE OUT & LOAD & TEST-OK. RIG DOWN.

11-10-99: ON 24 HR OPT. PUMPED 107 BO, 57 BW, & 53 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 11/17/1999

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: