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

OIL CONSEDVATION DIVISION

P.O. Box 1980, Hobba, NM 88240 P.O. Box 2088	30-025-31972
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-208	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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 B. 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: OL GAS WELL X WELL OTHER	
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.	8. Well No. 125
3. Address of Operator	9. Pool name or Wildcat
P. O. Box 3109 Midland, Texas 79702	DOLLARHIDE TUBB DRINKARD
	nd 1400 Feet From The WEST Line
Section 33 Township 24-SOUTH Range 38-EA 10. Elevation (Show whether DF, RKB, RT, GR-3169', KB-3182'	ST NMPM LEA County GR, etc.)
11. Check Appropriate Box to Indicate Nature of I	Notice, Report, or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	
	E DRILLING OPNS. X PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TE	EST AND CEMENT JOB
OTHER: OTHER:_S	PUD & SURFACE CASING X
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent work) SEE RULE 1103. HONDO RIG #11 SPUD 14 3/4 INCH HOLE @ 3:00 PM 06-11-93. DRILL 2. RAN 27 JTS OF 11 3/4, 42#, WC-40, STC CASING SET @ 1175'. R.J. 3. DOWELL CEMENTED WITH 500 SACKS CLASS C W/ 4% GEL, 2% CACC CLASS C W/ 2% CACL2 (14.8 PPG, 1.32 CF/S). PLUG DOWN @ 8:45 PM. NU BOP & TESTED TO 1500#. TESTED CASING TO 1000# FOR 30 MIN 5. WOC TIME 22 1/2 HOURS FROM 8:45 PM 06-12-93 TO 7:15 PM 06 6. DRILLING 11 INCH HOLE. 	LED TO 1175'. TD @ 3:30 PM 06-12-93. AN 9 CENTRALIZERS. L2 (13.5 PPG, 1.74 CF/S). F/B 200 SACKS M 06-12-93. CIRCULATED 45 SACKS. IUTES FROM 7:15 PM TO 7:45 PM 06-13-93.
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE C. P. BASHAM TYPEOR PRINT NAME C.P. BASHAM (This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON	OPERATIONS MANAGER DATE 06-15-93 TELEPHONE NO. 915-688462
DISTRICT SUPERVISOR APPROVED BY	JUN 2 1 1993