Submit 3 copies		State of	New	Mexico		F	0.400
to Appropriate District Office		Enc Minerals and Nat	ural F	Resources Department			C-103
DISTRICT	,	NY CONORDY				Revis	ed 1-1-89
P.O. Box 1980, Hobbs, NM	88240	OIL CONSERVA		ON DIVISION	WELL API NO	D.	
DISTRICT II	00240	P.O. Bo	x 20	88		30 025 31973	
P.O. Box Drawer DD, Artesi	a NM 88210	Santa Fe, New M	1exic	o 87504-2088	5. Indicate T	ype of Lease	
DISTRICT III	4, 1111 00210					STATE 🔀	FEE 🗌
1000 Rio Brazos Rd., Aztec	. NM 87410				6. State Oil /	Gas Lease No.	-
		CES AND REPORTS ON	I WE	11		B-9613	
I (DO NOT USE THIS FO	RM FOR PROPO	ISALS TO DRILL OR TO DE	EEPE	N OR PLUG BACK TO A	7 Lease Nar	ne or Unit Agreement Name	
DIFF	ERENT RESERV	OIR. USE "APPLICATION I	FOR I	PERMIT	l .	LARHIDE DRINKARD UNIT	
Type of Well: OIL	- 040	01) FOR SUCH PROPOSA	LS.)	 	1 44531 001	LAKNIDE DKINKAKD UNII	
WELL		OTHER			Ì		
2. Name of Operator				······································	8. Well No.	· · · · · · · · · · · · · · · · · · ·	
	TEXACO EXPL	DRATION & PRODUCTION	INC.			126	
3. Address of Operator	P.O. BOX 730	HOBBS, NM 88240			9. Pool Name	or Wildcat	
4. Well Location						DLLARHIDE TUBB DRINKARD	
		450	0011	THE 1.			
Unit Letter	<u></u>	450 Feet From The _	<u> 500</u>	TH Line and 150	Feet From	The WEST Line	
Section 33	1	ownship 24-S	F	Range 38-E NM	PM	LEA COUNTY	
		10. Elevation (Show whether DF					
		TO: Elovation (Onov Whether Di	, 1110	GR-3176,	KB-3189		
11.	Check App	ropriate Box to Indicate	e Na	ture of Notice, Report	, or Other	Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
			_	i			
PERFORM REMEDIAL WOR		UG AND ABANDON	Ш	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		IANGE PLANS		COMMENCE DRILLING OPE	RATION 🗌	PLUG AND ABANDONMENT	
PULL OR ALTER CASING				CASING TEST AND CEMENT	Т ЈОВ		
OTHER:				OTHER:			
 Describe Proposed or C work) SEE RULE 1103. RUPU. Install BOP. T Tag TD and clean out v Perforate 5 1/2" csg fro Acidize perfs from 6193 Scale squeeze. Overfit Return to production. 	OH w/production of the community of the	equip. ry. als 15% HCL NEFE	detail	ls, and give pertinent dates, i	ncluding estin	nated date of starting any pro	posed

i hereby certify that the information above is by	appromptible to the best of my knowledge and belief.	
SIGNATURE	TITLE Engineering Assistant	DATE 3/31/95
TYPE OR PRINT NAME	Darrell J. Carriger	Telephone No. 397-0426
(This space for State Use)	PRIGINAL SIGNED BY	
400001/CD DV	GARY WMIZ	APR 04 1995
CONDITIONS OF APPROVAL, IF	ANY IELD REP. II	DATE