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CONDITIONS OF APPROVAL, IF ANY:

 $\eta_i(\mathbf{z}$

_TITLE

(This space for State Use)

APPROVED BY_

State of New Mexico En Minerals and Natural Resources Department

Form C-103 -89

| District Office | | | | | • | | | Revise | d 1-1 | |
|---|---------------------|----------------------|-------------------------|-----------|----------------------------|--|--|-------------|-------------|--|
| DISTRICT I | | OIL C | CONSERV | ATI | ON DIVISION | WELL API NO | · · · · · · · · · · · · · · · · · · · | | | |
| P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 | | | | | | | 30 025 31973 | | | |
| P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | | | | | | | ype of Lease STATE | | FEE | |
| DISTRICT III 1000 Rio Brazos Rd., Azte | ec. NM 8741 | 0 | | | | 6. State Oil / | Gas Lease No. B-96 | 13 | | |
| 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.) | | | | | | | 7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT | | | |
| 1. Type of Well: OIL GAS WELL OTHER | | | | | | | | | | |
| 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. | | | | | | | 126 | •• | | |
| 3. Address of Operator P.O. BOX 730, HOBBS, NM 88240 | | | | | | | or Wildcat | RINKARD | | |
| 4. Well Location | | 2450 | F 4 F Th - | 2011 | TH Line and 150 | <u>, </u> | | | | |
| Unit Letter | | 2450 | | | TH Line and 150 | | | _Line | | |
| Section 33 | | Township | | | Range 38-E NA | | LEA | COUNTY | *********** | |
| | | 2000 | | | (B, RT,GR, etc.) GR-3176', | | | | | |
| 11. | | | Box to Indic | ate Na | ture of Notice, Repor | | | | | |
| NOTICE OF | INTENTIC | | | | Sl | · · | NT REPORT | _ | _ | |
| PERFORM REMEDIAL WOR | k 🔲 | PLUG AND | | | REMEDIAL WORK | DATION D | ALTERING CASIN PLUG AND ABAN | | . [| |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPE | | | | | | = | FEOG AND ABAN | IDOMNENT | ι | |
| OTHER: | | | | _ 🗆 | OTHER: | | | | [| |
| 12. Describe Proposed or any proposed work) S | | | learly state all p | pertinent | details, and give pertine | nt dates, inclu | uding estimated d | ate of star | rting | |
| OBJECTIVE: FRACTURE | STIMULATE | THE SUBJE | CT WELL | | | | | | | |
| 7/25/94 - 8/18/94 | | | | | | | | | | |
| 1) RUPU and install BOP. | | | | | | | | | | |
| 2) Perforate interval from 6 | 500' - 6520' wi | th 8 jspf. | | | | | | | | |
| 3) Clean out casing with ca | sing scraper to | o 6648'. Tes | ted 3-1/2" frac tu | bing to 8 | 000#. | | | | | |
| 4) Set RBP at 6638' and pa Flush with 55 bbls gelled | | | | | | containing 15 | 2000# 20/4 0 san d | | | |
| 5) Release packer and RBF | P. POH | | | | | | | | | |
| 6) TIH with production equi | pment | | | | | | | | | |
| 7) Returned to production a | ind tested. | | | | | | | | | |
| test: 65 bo, 185 bw, 61 mcf | (24 hours, pu | mping) | | | | | | | | |
| | 4 | | | | | | | | | |
| | 1 | | | | P101.V | | | | | |
| SIGNATURE | by is true and typp | ete to the feet of t | my knowledge and belief | | neering Assistant | | DATE 9 | /29/94 | | |
| TYPE OR PRINT NAME | D; | arrell J. Ca | arriger | | | | Telephone No. | 397-0426 | 6 | |

DeSoto/Nichols 12-93 ver 1.0