

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 I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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.
30-025-31973

5. Indicate Type of Lease
STATE ☒ FEE ☐

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 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 WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

8. Well No.
126

3. Address of Operator
P. O. Box 3109 Midland, Texas 79702

9. Pool name or Wildcat
DOLLARHIDE TUBB DRINKARD

4. Well Location
Unit Letter L : 2450 Feet From The SOUTH Line and 150 Feet From The WEST Line

Section 33 Township 24-SOUTH Range 38-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3176', KB-3189'

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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ACIDIZED EXISTING PERFS ☒

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.

1. MIRU SERVICE UNIT. TOH WITH PUMP, RODS & TUBING. TIH WITH CIBP. SET CIBP @ 6650'. SET PACKER @ 6645'. NEW PBTD @ 6650'. TEST CIBP @ 3000#. RELEASE PACKER AND TOH TO 6300'.
2. ACIDIZED PERFS 6464'-6628' W/ 2500 GAL 15% HCL. 08-13-93.
3. TIH W/ 2 7/8 TUBING, PUMP & RODS.
4. PUMP 40 BO, 100 BW, 20 MCF IN 24 HOURS 08-17-93.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. P. Basham / JKH TITLE DRILLING OPERATIONS MANAGER DATE 08-23-93

TYPE OR PRINT NAME C.P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ DATE AUG 26 1993

CONDITIONS OF APPROVAL, IF ANY: