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CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DeSoto/Nichols 12-93 ver 1.0

Revised 1-1-89

| TYPE OR PRINT NAME C. P. Bas (This space for State Use)   | sham<br>C.S.O.  | Telephone No. 688- 4608  JUN 1 4 1994  |
|---|---|--|
| TYPE OR PRINT NAME C. P. Bas  | sham  |  |
|   |   |  |
| SIGNATURE C.P. Basham/CW  | Drilling Operat   | ons <b>M</b> gr. DATE <u>6/8/94</u>  |
| I hereby certify that the information above is true and complete to the best  |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
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|   |   |  |
|   |   |  |
|   |   |  |
| 6. FLOWED 2 BO AND 128 BLW IN 9 HOURS OF<br>7. TOH WITH RBP. TIH WITH 2 7/8 TUBING, PUI<br>8. FLOWED 24 HOURS ON POTENTIAL TEST OF                          | MP AND RODS.  | V AND 347 MCFD.  |
| <ol> <li>TIH &amp; SET RBP @ 6645". TESTED 10 7000#.</li> <li>DOWELL FRACED WITH 40000 GAL XLG 2%</li> <li>FLOWED 2 BO AND 128 BLW IN 9 HOURS 05</li> </ol> | , KCL AND 63260# 20/40 SAND 05-20-94  | i.   |
| 98, 7017-25, 7042-47, 7057-75, 7096-7105, 7110-2<br>3. DOWELL ACIDIZED WITH 10002 GAL 15% N   | FFF 05-10-94 SWAB 1 BO AND 84 BLV   | 4. 294 HOLES.<br>V IN 4 HOURS.<br>496-6515, 6528-50, 6567-69, 6580-92, 6600-08. 252 HOLES. |
| 1. TESTED CASING TO 3000# FOR 30 MINUTES<br>2. UNION RAN GR-CCL. PERFED ABO WITH 2J   | SPF: 6688-91, 6708-12, 6732-42, 6768-7  | 4, 6778-81, 6815-40, 6844-54, 6922-33, 6942-44, 6955-60, 6995-                             |
| any proposed work) SEE RULE 1103.   |   |  |
| 12. Describe Proposed or Completed Operations   | (Clearly state all pertinent details, and   | give pertinent dates, including estimated date of starting                                 |
| PULL OR ALTER CASING  OTHER:  | OTHER:  | COMPLETION   |
| TEMPORARILY ABANDON CHANGE  |   | DRILLING OPERATION PLUG AND ABANDONMENT ST AND CEMENT JOB                                  |
| FERFORM REMEDIAL WORK   | ND ABANDON REMEDIAL V   |  |
| NOTICE OF INTENTION TO:   |   | SUBSEQUENT REPORT OF:  |
| 11. Check Appropria   | ate Box to Indicate Nature of Not   | ice, Report, or Other Data   |
| 10. Ele   | vation (Show whether DF, RKB, RT,GR, etc.   | ·· <sup>1</sup> GR-3187, KB-3198'  |
| Section 33 Townsh   | nip <u>24-S</u> Range <u>38-E</u>   | NMPM LEA COUNTY  |
| Unit Letter F : 2630  | Feet From TheNORTHLine and  |  |
| Address of Operator P.O. Box 3109, Midlan     Well Location   | KI I EXAS / 9/UZ  | DOLLARHIDE TUBB DRINKARD   |
|   | ON & PRODUCTION INC.  | 9. Pool Name or Wildcat  |
| 2. Name of Operator   |   | 8. Well No.  |
| 1. Type of Well: OIL GAS  | OTHER   |  |
| (DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. U  | TO DRILL OR TO DEEPEN OR PLUG E<br>JSE "APPLICATION FOR PERMIT<br>OR SUCH PROPOSALS.) | 7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT                         |
| 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES A   | ND REPORTS ON WELL  |  |
| DISTRICT III  |   | 6. State Oil / Gas Lease No.<br>B-9613   |
| P.O. Box Drawer DD, Artesia, NM 88210   | Santa Fe, New Mexico 87504-20   | 5. Indicate Type of Lease STATE FEE  |
| P.O. Box 1980, Hobbs, NM 88240  DISTRICT II   | P.O. Box 2088   | 30-025-31974   |
|   | CONSERVATION DIV  | ISION WELL API NO.   |
| DISTRICT  |   |  |