Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89	
OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-31974		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE	FER [
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lesse No. B-9613	
SUNDRY NOT (DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C	7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT			
OF ART X OVER COVER	OTHER			
2. Name of Operator TEXACO EXPLORATION AND	8. Well No. 127			
3. Address of Operator P. O. Box 3109 Midland, Texas 79702			9. Pool name or Wildox DOLLARHIDE TUBB DRINKARD	
4. Well Location Unit Letter F : 26	30 Feet From The NORTH	Line and	1440 Feet From The WEST	Line
Section 33	Township 24-SOUTH	Range 38-EAST ether DF, RKB, RT, GR, etc.)	NMPM LEA	County
	GR-3187'	einer DF, KKB, KI, OK, &C.)		
11. Check NOTICE OF IN	Appropriate Box to IndicaTENTION TO:		eport, or Other Data SEQUENT REPORT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	ang [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABA	INDONMENT [
PULL OR ALTER CASING X		CASING TEST AND CEMENT JOB		
OTHER: CHANGE SUFRACE CASING SIZE X OTHER:			 	[
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	nticos (Clearly state all pertinent deta	ils, and give pertinent dates, inclu	ding estimated date of starting any prop	ossd
REVISED SURFACE CASING: SE SACKS CLASS C w/ 4% GEL, 8ppg, 1.34cf/s, 6.31gw/s).	2% CACL2 (13.5ppg, 1.74c	0, STC CASING AT 1180 c1/s, 9.11gw/s). F/B :	' AND CEMENT TO SURFACE ' 200 SACKS CLASS C w/ 2% (WITH 500 CACL2 (14.
NO INTERMEDIATE CASING WIL	L BE SET.			
REVISED CEMENT FOR PRODUC 5% SALT, 1/4# FLOCELE (12	CTION CASING: CEMENT TO S Bppg, 1.94cf/s, 10.46gw	SURFACE WITH 1500 SA //s). F/B 500 SACKS C	ACKS 35/65 POZ CLASS H w LASS H (15.6ppg, 1.18cf/s	/ 6% GEL, , 5.2gw/s).
I hereby certify that the information above is t	nue and complete to the best of my knowled	ge and belief.		

I hereby certify that the information	above is true and complete to the best of my k	nowledge and belief. TITLE DRILLING OPERATIONS MANAGER	DATE 07-29-93
TYPEOR PRINT NAME C. P. B	ASHAM		TELEPHONE NO. 915-6884620
(This space for State Use) APPROVED BY	Orig. Signed by Paul Kautz Geologist	ти ————————————————————————————————————	DATE
CONDITIONS OF APPROVAL, IF ANY	t.		AUG 03 1993