State of New Mexico

Submit 3 copies to Appropriate District Office

Form C-103 Revised 1-1-89

688-4608

JUN 23 1994

DeSoto/Nichols 12-93 ver 1.0

Telephone No.

DATE

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

1.374**44446**07

Minerals and Natural Resources Department Ene

DISTRICT I	OIL CONSERVA	TION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 8824			30-025-31995
DISTRICT II Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210			STATE STATE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	27410		6. State Oil / Gas Lease No.
	NOTICES AND REPORTS ON	WELL	B-9613
(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 🗖	NJECTION	
2. Name of Operator		8. Well No.	
TEXACO EXPLORATION & PRODUCTION INC.			131
3. Address of Operator P.O. Bo	x 3109, Midland Texas 79702		9. Pool Name or Wildcat DOLLARHIDE TUBB DRINKARD
4. Well Location			
Unit LetterH	:2150 Feet From The	NORTH Line and 850	Feet From The <u>EAST</u> Line
Section 32	·	Range <u>38-E</u> NN	
	10. Elevation (Show whether	DF, RKB, RT,GR, etc.) GR-3185',	KB-3196'
11. Chec	ck Appropriate Box to Indicate	e Nature of Notice, Repor	t, or Other Data
NOTICE OF INTEN	ITION TO:	St	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	ERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB
OTHER:		OTHER:	COMPLETION
any proposed work) SEE RULE 1. TESTED CASING TO 3000# FOI 2. RECEIVED VERBAL APPROVAL 3. ANNULAR SI PRESSURE @ 200 DOWN ANNULUS W/ 300 SACKS	R 30 MINUTES 06-07-94. L TO PERFORM BRADENHEAD SQ D PSI. ESTABLISHED INJECTION R 35/65 POZ CLASS C W/ 6% GEL, 5 PBTD @ 6852'. PERFED W/ 4 JSP GAL 15% NEFE. 06-14-94. KER. SET PACKER @ 6458'.	LUEEZE JOB FROM MR. JERRY LATE ON 8 5/8 X 5 1/2 ANNULU: 15% SALT, 1/4# FLOCELE (12.4 F	S OF 800 PSI @ 4 BPM. SQUEEZED CEMENT
i hereby certify that the information above is true an	d complete to the best of my knowledge and belief.		
SIGNATURE C.P. Bast	am / AUH TITLE	Drilling Operations Mgr.	DATE

C. P. Basham

TITLE

TYPE OR PRINT NAME

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

APPROVED BY_

OFFICE