State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-32015 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE _ 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" WEST DOLLARHIDE DRINKARD UNIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL ___ WELL OTHER WATER INJECTION 2. Name of Operator 8. Well No. TEXACO EXPLORATION AND PRODUCTION INC. 130 3. Address of Operator 9. Pool name or Wildcat P. O. Box 3109 Midland, Texas 79702 **DOLLARHIDE TUBB DRINKARD** Well Location 1900 Feet From The EAST Unit Letter G 2000 Feet From The NORTH Line Line and ship 24-SOUTH Range 38-EAST

10. Elevation (Show whether DF, RKB, RT, GR, etc.) NMPM LEA County Township 24-SOUTH Section GR-3195', KB-3208' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON **REMEDIAL WORK** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: COMPLETION OTHER: 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 CLEANED OUT TO PBTD @ 7452'. TESTED CASING TO 3000# FOR 30 MINUTES 08-24-93. 2. HLS RAN GR-CCL. PERFED W/ 4 JSPF: 6548-6552, 6562-6572, 6584-6598, 6606-6610, 6618-6622, 6628-6631, 6640-6643, 6652-6655, 180 HOLES. 3. DOWELL ACIDIZED WITH 5200 GAL 15% HCL. 08-25-93. 4. TIH W/ 2 3/8 TUBING AND PACKER. SET PACKER @ 6483'. 5. PREP FOR INJECTION.

I hereby certify that the information of the certific that the information of the certific that the information of the certific that the c	tion above is true and complete to the best of my knowledge Basham / John	ge and belief. TITLE DRILLING OPERATIONS MANAGER	DATE 08-31-93
TYPE OR PRINT NAME C.P.	·		ТЕЦЕРНОМЕ NO. 915-6884620
(This space for State Use)	Orig. Signed by Paul Kauts Geologist		SEP 03 1993
APPROVED BY	Geologia	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: