

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
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(Other instructions on reverse
side)

NM LCONS COMMISSION
Modified Form No.
1060-3160-4
HOBBS, NEW MEXICO 88240
NM-10185

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-" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME WEST DOLLARHIDE DRINKARD Unit	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		3a. AREA CODE & PHONE NO. (915) 688-4620	9. WELL NO. 135
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FNL & 2300' FEL, UNIT LETTER G, SW/NE		10. FIELD AND POOL, OR WILDCAT DOLLARHIDE TUBB DRINKARD	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 30, T-24-S, R-38-E	
14. PERMIT NO. API: 30-025-32089	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-3158'	12. COUNTY OR PARISH LEA	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) EXTEND DRILLING PERMIT <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1994
DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUD BEFORE THE JULY, 1, 1993 EXPIRATION DATE. PLEASE
EXTEND THIS PERMIT FOR AN ADDITIONAL ONE YEAR.

APPROVED FOR 12 MONTH PERIOD
ENDING 7/1/95

18. I hereby certify that the foregoing is true and correct

SIGNED C. P. Basham / CWT

TITLE DRILLING OPERATIONS MANAGER

DATE

06-02-94

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA

TITLE

Petroleum Engineer

DATE

6/27/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN 19 1964

OFFICE