

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NMO80-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
LC-067968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
TEXACO EXPLORATION AND PRODUCTION INC.

3. ADDRESS OF OPERATOR
P. O. Box 3109, Midland, TX 79702

3a. AREA CODE & PHONE NO.
(915) 688-4620

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1700' FNL & 1300' FEL, UNIT LETTER H, SE/NE

7. UNIT AGREEMENT NAME
WEST DOLLARHIDE DRINKARD

8. FARM OR LEASE NAME

9. WELL NO.
134

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: 30-025-32091

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR-3165'

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐

PULL OR ALTER CASING ☒
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

(Other) CHANGE SURFACE CASING SIZE ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) ☐
(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.)*

REVISED SURFACE CASING: SET 8 5/8 INCH, 24#, WC-50, STC CASING AT 1240' AND CEMENT TO SURFACE WITH 500 SACKS CLASS C w/ 4% GEL, 2% CACL2 (13.5ppg, 1.74cf/s, 9.11gw/s). F/B 200 SACKS CLASS C w/ 2% CACL2 (14.8ppg, 1.34cf/s, 6.31gw/s). CENTRALIZE THE BOTTOM 3 JOINTS AND EVERY 4th JOINT TO SURFACE.

NO INTERMEDIATE CASING WILL BE SET.

REVISED CEMENT FOR PRODUCTION CASING: CEMENT TO SURFACE WITH 1500 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8ppg, 1.94cf/s, 10.46gw/s). F/B 500 SACKS CLASS H (15.6ppg, 1.18cf/s, 5.2gw/s).

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

SIGNED

C. P. Beahm / cwh

TITLE

DRILLING OPERATIONS MANAGER

DATE

07-29-93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

8/25/93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

SEP 01 1993

OOD HQ/DOCS
OFFICE