## Energy, Mujerals and Natural Resources Department

Form C-103

State of New Mexico

District Office	Energy, minorals and trac	,	Revised 1-1-89
DISTRICT I	OIL CONSERVATION DIVISION		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		30-025-32370
DISTRICT II	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 882	10		STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	n		6. State Oil / Gas Lease No. B-9613
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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 G	OTHER		B. Well No.
2. Name of Operator TEXACO	EXPLORATION & PRODUCTION INC.		141
3. Address of Operator 205 E. Be	der, HOBBS, NM 88240		Pool Name or Wildcat     DOLLARHIDE TUBB DRINKARD
Well Location     Unit Letter B	100 Feet From The	NORTH Line and 2580	Feet From The EAST Line
Section 32	Township 24-S	Range <u>38-E</u> N	NMPM LEA COUNTY
ender de la companya	10. Elevation (Show whether D	OF, RKB, RT,GR, etc.) GR-319	8'
11. Check	Appropriate Box to Indica	te Nature of Notice, Repo	rt, or Other Data
NOTICE OF INTENT	TION TO:	8	SUBSEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	✓ ALTERING CASING
PERFORM REMEDIAL WORK	CHANGE PLANS	COMMENCE DRILLING C	DPERATION PLUG AND ABANDONMENT
TEMPORARILY ABANDON	<b>5.11.11.02</b> .1.2.11.2	CASING TEST AND CEM	IENT JOB
PULL OR ALTER CASING		OTHER:	Acidize & Scale Squeeze
OTHER:			
proposed work) SEE RULE 1103.  10-21-99: MIRU. JAR ON PUMP. BA 10-22-99: BLED OFF WELL. SWAE HAMMER TOOL TO TOP OF PERFI 10-23-99: TIH W/TBG. ACIDIZE W/SELSH W/SO BBLS	ACK OFF RDS. B WELL DN. UNFLANGE WH & B S. 5000 GALS 15% NEFE. SWAB E TAC & 2 7/8" TBG. SN @ 6860'. S. SPACE OUT & HANG ON. LO.	NU BOP. UNSET TAC. PMP WA DN TO 5000'. SCALE SQUEEZE MUD JT @ 6891'. SET TAC @	t dates, including estimated date of starting any AS STUCK IN CERAMIC JT. TIH W/SONIC E 2 DRUMS TH793 VIA SONIC HAMMER TOOL & 5384. ND BOP. FLANGE UP WH. TIH W/PMP,
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**Engineering Assistant** DATE 397-0405 Telephone No. TYPE OR PRINT NAME (This space for State Use) APPROVED \_\_TITLE\_ BONDITIONS OF APPROVAL, IF ANY: