Submit 3 copies to Appropriate District Office			Resources Department		Form C-103 Revised 1-1-89	
DISTRICT I	OIL CO	JNSERVAI	TION DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2	2088	30 025 32372		
DISTRICT II	San	ta Fe. New Mex	cico 87504-2088	5. Indicate Type of Lease		
P.O. Box Drawer DD, Artesia, NM 88210				STATE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / Gas Lease No. b-931		
SUNDRY NO	0-93					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT				7. Lease Name or Unit Agreement Name		
		UCH PROPOSALS		WEST DOLLARHIDE DRINKA		
1. Type of Well: OIL GAS WELL WE		IER				
2. Name of Operator				8. Well No. 144		
TEXACO EXPLORATION & PRODUCTION INC.						
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240				9. Pool Name or Wildcat DOLLARHIDE TUBB DRINKARD		
4. Well Location						
Unit Letter						
Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> COUNTY						
10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-3186', KB-3197'						
^{11.} Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
	PLUG AND AE					
	acid & scale trea	at [
 ^{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. 						
Objective: Texaco intends to perforate additional pay in the Dollarhide Tubb Drinkard Zone and then acid/scale treat.						
1. Acid treat existing perfs with 5000 g 15% HCL NEFE + 1000# rock salt + 20bbls gelles brine.						
2. Perforate from 6204'-6339' with 2 jspf and 134 holes.						
3. Acid treat new perfs with 4200 g 15% HCL NEFE + 1700# rock salt + 20 bbls gelled brine.						

- 4. TOH with treating equipment. TIH with Packer and production tubing to 6200'. Pump 3 drums chemical + 36 bbls water.
- 5. Flush with 400 bbls water.
- 6. Release packer and POH with tubing. TIH with production equipment.
- 7. Place well on test.

$\left \right _{100}$	
Thereby certify that the information blowers true and complete to the best of my knowledge and belief.	eering Assistant DATE 7/20/95
SIGNATURE FIGIN	DATE 7/20/95
TYPE OR PRINT NAME Darrel J. Carriger	Telephone No. 397-0426
(This space for State Use) ORIGINAL SHORES OF A SEXTON	JUL 26 1995

DISTRICT: SUPERVISOR TITLE APPROVED BY___ CONDITIONS OF APPROVAL, IF ANY:





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UCU HOBUS OFFICE