

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30 025 32373
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9311
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	145
9. Pool Name or Wildcat	DOLLARHIDE; TUBB-DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3172', KB-3183'

SUNDRY NOTICES AND REPORTS ON WELL  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location  
Unit Letter K : 2589 Feet From The SOUTH Line and 2060 Feet From The WEST Line  
Section 32 Township 24-S Range 38-E NMPM LEA COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☒ ACIDIZE

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.

9/5/97 TIH with 27/8 tubing and SONIC HAMMER tool acidize the Drinkard and Abo Perf. W/5000 gls 15% HCL NEFE  
@ 2 or # BPM max TP 4000 PSI  
Displace the acid stage across the interval W 2% KCL while reciprocating the tool across the interval  
Put on the pump. OPT test 10/16/97 25 OIL 194 Water 40 MCF

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. Quintana TITLE Engineering Assistant DATE 12/12/97

TYPE OR PRINT NAME Mike Quintana Telephone No. 397-0419

(This space for State Use) OFFICIAL JOHN WILLIAMS  
DISTRICT I SUPERVISOR  
APPROVED BY JOHN WILLIAMS TITLE DISTRICT I SUPERVISOR DATE DEC 17 1997

CONDITIONS OF APPROVAL, IF ANY: