

Submit 3 copies to Appropriate District Office

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>K</u> : <u>2589</u> Feet From The <u>SOUTH</u> Line and <u>2060</u> Feet From The <u>WEST</u> Line Section <u>32</u> Township <u>24-S</u> Range <u>38-E</u> NMPM <u>LEA</u> COUNTY

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	ACIDIZE <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	<input type="checkbox"/>	OTHER: <input type="checkbox"/>	<input type="checkbox"/>

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 Mike Quintana TITLE Engineering Assistant DATE 12/12/97
TYPE OR PRINT NAME Mike Quintana Telephone No. 397-0419

(This space for State Use)
APPROVED BY ORION WILLIAMS TITLE DISTRICT I SUPERVISOR DATE DEC 17 1997
CONDITIONS OF APPROVAL, IF ANY: