

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.

30-025-32444

5. Indicate Type of Lease

STATE ☒

FEE

6. State Oil / Gas Lease No.

NM-10185

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.

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 H : 1750 Feet From The NORTH Line and 150 Feet From The EAST Line
Section 30 Township 24-S Range 38-E NMPM LEA COUNTY

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.
143

9. Pool Name or Wildcat
DOLLARHIDE TUBB DRINKARD

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3189' GR

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: ☐ ACIDIZSE & SCALE SQUEEZE ☒

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.

7/24/00: MIRU. NDWH. NUBOP. TAG PBTD @ 6760'. TIH W/SONIC HAMMER ON TBG TO 4020'.

7/25/00: TIH W/SONIC HAMMER TO 6692'. ACID WASH DRINKARD PERFS 6593-6692 W/4000 GALS 15% ACID. PUMP SCALE SQZ 165 GALS TH-756 MIXED W/48 BBLS KCL. FLUSH W/80 BBLS.

7/26/00: TIH W/SN, TBG, TAC, SN @ 6719'. TAC @ 6520'. NDBOP. NUWH. TIH W/PUMP & RDS. HANG WELL ON. CHECK PUMP ACTION-OK. RIG DOWN.

8-07-00: ON 24 HR OPT. PUMPED 13 BO, 26 BW, & 8 MCF. FINAL REPORT

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

SIGNATURE *J. Denise Leake* TITLE Engineering Assistant

DATE 8/22/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: TITLE

DATE