

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1880
HOBBS, NEW MEXICO 88240
FORM APPROVED
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. Box 3109, Midland Texas 79702 688-4608

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter H : 1750 Feet From The NORTH Line and 150 Feet From The
EAST Line Section 30 Township 24-S Range 38-E

5. Lease Designation and Serial No.
NM-10185

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
WEST DOLLARHIDE DRINKARD UNIT
143

9. API Well No.
30-025-32444

10. Field and Pool, Exploatory Area
DOLLARHIDE TUBB DRINKARD

11. County or Parish, State
LEA, NM

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Attaching Casing
	<input checked="" type="checkbox"/> OTHER: COMPLETION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- TESTED CASING TO 3000# FOR 30 MINUTES 07-05-94.
- UNION RAN GR-CCL. TAGGED PBTD @ 7515'. PERFED ABO W/ 2 JSPF: 6771-6775, 6845-6850, 6859-6862, 6868-6871, 6879-6883, 6888-6894, 6897-6903, 6906-6912, 6915-6919, 6943-6949, 6961-6966, 6972-6976, 6981-6994, 7029-7042, 7046-7048, 7051-7053, 7055-7078, 7080-7093, 7096-7107, 7190-7198, 7208-7214, 7223-7226, 7240-7244, 7249-7251. 312 HOLES. MIRU SERVICE UNIT TIH.
- TIH W/ RBP & PACKER. DOWELL ACIDIZED LOWER ABO (7029-7251') W/ 5000 GAL 15% NEFE. ACIDIZED UPPER ABO (6771'-6994') W/ 5000 GAL 15% NEFE. 07-12-94.
- PERFED DRINKARD W/ 6 JSPF: 6608-6636. 168 HOLES.
- DOWELL ACIDIZED DRINKARD (6608'-6636') W/ 2800 GAL 15% HCL. FRAC'D WITH 50000 GAL XLG AND 158599# 20/40 SAND. 07-25-94.
- RETRIEVED RBP & PACKER. TIH W/ 2 7/8 TUBING, RODS AND PUMP.
- PUMPED 68 BO, 53 BW, 50 MCF, 127 BLW IN 24 HRS. 08-04-94.
- TESTING.

J. Lora

14. I hereby certify that the foregoing is true and correct

SIGNATURE C. P. Basham / SDH TITLE Drilling Operations Mgr. DATE 8/12/94

TYPE OR PRINT NAME C. P. Basham

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.