

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.	30-025-32771
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	WEST DOLLARHIDE DRINKARD UNIT
8. Well No.	152
9. Pool Name or Wildcat	DOLLARHIDE TUBB DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3173' KB3187

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	PO BOX 3109, MIDLAND, TX 79702
4. Well Location	Unit Letter <u> M </u> : <u> 600 </u> Feet From The <u> SOUTH </u> Line and <u> 760 </u> Feet From The <u> WEST </u> Line Section <u> 29 </u> Township <u> 24-S </u> Range <u> 38-E </u> NMPM <u> </u> LEA COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3173' KB3187

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: ☐ TEST CSG ☒

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.

11-12-01: NOTIFY NMOC. TEST CSG TO 500# FOR 30 MINS - OK.
PKR SET @ 6268'.
RETURN TO INJECTION.
CHART ATTACHED.

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 11/15/01

Telephone No. 915-688-4752

TYPE OR PRINT NAME J. Denise Leake

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DeSoto/Nichols 12-93 ver 1.0

SIGNED BY
CORY V. VINK
NATURAL SCIENCE MANAGER - 2

NOV 20 2001

