State of New Mexico

Submit 3 copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office	Energy, Minerals and	Natural N	esources Department		Revis	sed 1-1-89
DISTRICT I	OIL CONSERY	VATI	ON DIVISION	WELL API NO).	
P.O. Box 1980, Hobbs, NM 88240		Box 208			30 025 32773	
DISTRICT II	Santa Fe Nev			5. Indicate T	ype of Lease	
P.O. Box Drawer DD, Artesia, NM 8821	0	, ,,,,,,,,,,	0,001,2000		STATE 🔀	FEE 🗌
DISTRICT III				6. State Oil	Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410		ONLVACE				
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7 Loose No.	ne or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT					LARHIDE DRINKARD UNI	
(FORM C	-101) FOR SUCH PROPO	SALS.)		- WEST BOL	EARNIDE DIVINGARD ON	1
WELL WELL OTHER Injector				0. 147.11 11.		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	150	
3. Address of Operator 205 E. Sender	:HOBBS, NM 88240 5	00 Lon	ARINE Midland &	9. Pool Name	or Wildcat OLLARHIDE TUBB DRINKARD)
4. Well Location						
Unit Letter P:	650 Feet From The	SOU	TH Line and 540	Feet From	The EAST Line	
Section 31	Township 24-S	F	Range <u>38-E</u> NN	ИРМ	LEA_ COUNTY	1
	10. Elevation (Show whet	her DF, RI	(B, RT,GR, etc.) GR-3122',	KB-3137'		
11. Check Ap	propriate Box to Indi	cate Na	ture of Notice, Report	t, or Other	Data	
NOTICE OF INTENTIO	N TO:		SL	JBSEQUE	NT REPORT OF:	
	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	П
	CHANGE PLANS	Ē	COMMENCE DRILLING OPE	RATION	PLUG AND ABANDONMEN	T H
PULL OR ALTER CASING			CASING TEST AND CEMEN	NT JOB		_
OTHER: Hydro test tubing	and repair packed		OTHER:			
This have communication between injection Texaco intents to repair and put back on injection 1) RUPU install BOP, unseat packer TOH v2) TIH with new packer and hydro test IPC i3) Mix and circulate packer fluid to suface, s4) Test to 500 psi and make chart and wittn 3) If OK put on injection @ 200 bbls/d 1200	ection. with IPC injection tubing. injection tubing 5000 psi ab set packer+/- 50' above upp es by NMOCD rep	ove slips. er perfs (⊉ 6334'.			
A subsecuent report will be filled with test cl	nart attached.					
I hereby certify that the information above is true and complete	to the best of my knowledge and belie	f.				
SIGNATURE M. Quinte	TITLE		neering Assistant		DATE 09/12/1900)
	- Outstand				394/- Telephone No. 397-64	9307
TYPE OR PRINT NAME MIK	e Quintana	-			releptione No. Der-04	
(This space for State Use)					757	

_TITLE____

DATE

