

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.	30-025-33402
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.	154
9. Pool Name or Wildcat	DOLLARHIDE TUBB-DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3182'

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 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> </u> : <u> </u> 2575 Feet From The <u> </u> SOUTH Line and <u> </u> 625 Feet From The <u> </u> EAST Line Section <u> </u> 32 Township <u> </u> 24-S Range <u> </u> 38-E NMPM <u> </u> LEA COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3182'

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 checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	ACIDIZE W/SONIC HAMMER <input checked="" 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.

10-19-00: MIRU. NDWH. NUBOP. WELLCHECK TBG OUT OF HLE.

10-20-00: BLED OFF WELL. TIH W/SONIC HAMMER TOOL ON TBG. TAG @ 7180'. PULL SONIC HAMMER TO 6405'.

10-23-00: INSTL STRIPPER HEAD. ACID WASH CSG PERFS 6480-7160 IN DRK/ABO FORMATION W/6000 GALS 15% NEFE HCL & 216 BBLs 2% KCL WTR. SCALE SQUEEZE PERFS W/165 GALS TH756 MIXED IN 100 BBLs 2% KCL WTR. FLSH W/100 BBLs 2% KCL WTR. PUMP 5 BPM @ 2000#.

10-24-00: TIH W/SMA W/PURGE VALVE, SN, TBG, TAC. TBG @ 7155. SN @ 7127 TAC @ 6428. NDBOP. NUWH. TIH W/GAS ANCHOR, PUMP, SNKR BARS, RDS. LOAD & TEST TBG TO 500#. PUMPING @ 5:00 PM. RIG DOWN.

11-08-00: ON 24 HR OPT. PUMPED 37 BO, 450 BW, 2 MCF. PERFS 6480-7160 DRK/ABO.

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 12/5/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

688-4752

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

DEC 15 2000

DeSoto/Nichols 12-93 ver 1.0