State of New Mexico

Form C-103

to Appropriate District Office		Energy,	erais and Nati	ıral Re	esources Department		R	evised 1-1-89
DISTRICT I		OIL C	ONSERVA	TI	ON DIVISION	WELL API NO		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088						30-025-33402		
DISTRICT II		Sa	nta Fe, New M			5. Indicate T	ype of Lease	
P.O. Box Drawer DD, Artes	ia, NM 8821	0	1110 1 0, 11011 11	OXIO	7 07 00 7 2000		STATE 🛛	FEE 🔲
DISTRICT III						6. State Oil /	Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410							B-9311	
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DRINKARD UNIT		
Type of Well: OIL WELL	☐ GAS WELL	П ₀₁	HER					
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						8. Well No. 154		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240						9. Pool Name or Wildcat DOLLARHIDE TUBB-DRINKARD		
4. Well Location						·		
Unit Letter	<u> </u>	2575	Feet From The _	SOUT	TH Line and 625	Feet From 7	The <u>EAST</u> Line	e
Section 32		Township_	24-8	F	Range <u>38-E</u> NM	1PM	LEA_COU	NTY
		10. Elevati	on (Show whether	DF, RK	(B, RT,GR, etc.) 3182'			
11.	Check Ap	propriate	Box to Indicat	e Na	ture of Notice, Report	t, or Other i	Data	
NOTICE OF INTENTION TO:						SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		PLUG AND A	ABANDON		REMEDIAL WORK	\boxtimes	ALTERING CASING	
TEMPORARILY ABANDON	П	CHANGE PL	ANS		COMMENCE DRILLING OPE	RATION	PLUG AND ABANDON	MENT
PULL OR ALTER CASING					CASING TEST AND CEMEN	NT JOB		
OTHER:					OTHER:	Di	rill CIBP	🛛
12. Describe Proposed or (any proposed work) SE	E RULE 1103	•				nt dates, inclu	uding estimated date o	of starting
6-03-99: MIRU REV EQPT 6-04-99: TIH W/BIT TO 67 6-05-99: TIH W/OPMA, SN WELL PMPNG @ 8 SPM @ 7-01-99: ON 24 HR OPT. F FINAL REPORT	10'. PUMP 250 I, TBG, & TAC. § 168" STROK	BBLS WTF OPMA @ 7 E. RIG DOV	R. BREAK CIRC. [7146'. SN @ 7119' VN.	RILL	CIBP @ 6710'. PSH TO 71	76'. . TIH W/GAS /	ANCHOR, PUMP, K-BA	ARS & RDS.

I hereby certify that the inferonation above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Engineering Assistant	DATE
TYPE OR PRINT NAME J. Denise Leake	Telephone No. 397-0405
ORIGINAL SIGNED BY (This space for State Use) GARY WINK APPROVED BY FIELD REP. II TITLE	JUL 0 9 1999

CONDITIONS OF APPROVAL, IF ANY: