

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.                         | 30-025-33405                                                           |
| 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.                          | 158                                                                    |
| 9. Pool Name or Wildcat              | TUBB/DRINKARD/ABO                                                      |

|                                                                                                                                                                                                    |                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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                                                                                                                                                                             | P.O. Box 2100, Denver Colorado 80201                                                                                                                                                                |
| 4. Well Location                                                                                                                                                                                   | Unit Letter <u>E</u> : <u>1513</u> Feet From The <u>NORTH</u> Line and <u>773</u> Feet From The <u>WEST</u> Line<br>Section <u>32</u> Township <u>24-S</u> Range <u>38-E</u> NMPM <u>LEA</u> COUNTY |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)                                                                                                                                                 | 3161'                                                                                                                                                                                               |

|                                                                               |                                           |                                                      |                                                |
|-------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|------------------------------------------------|
| 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 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"/>                      | COMPLETION <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.

1. RU AND SET LUFKIN 640D PUMPING UNIT. 10-20-96.  
2. RU SCHLUMBERGER. RUN GR-CCL LOG. PERF'D F/6620'-6622', 6660'-6676', 6688'-6690', 6763'-6765', 6772'-6774', 6928'-6930', 6946'-6949', 6953'-6955', 6976'-6983', W/ 2 JSPF. 76 HOLES. 10-23-96.  
3. DOWELL ACIDIZED W/ 6000 GALS 15% HCL, NEFE ACID. 10-24-96.  
4. SCHLUMBERGER SET RBP @ 6605'. PRES TEST PLUG TO 3000 PSI. PERF'D F/ 6449'-6451', 6456'-6466', 6473'-6476', 6485'-6488', 6498'-6501', 6519'-6528', 6534'-6538', 6542'-6544', 6566'-6570', 6578'-6580' W/ 2 JSPF. 84 HOLES. 10-25-96.  
5. DOWELL ACIDIZED W/ 6500 GAL 15% HCL NEFE. 10-26-96.  
6. RIH W/ ROD PMP, KBARS, RODS. 10-29-96.  
7. HOOKED UP WELL INTO PRODUCTION FLOWLINE 10-30-96.  
8. STARTED PUMPING WELL. 10-31-96.  
9. POT: 125 BO, 178 BW, 85 MCF IN 24 HOURS. 11-13-96.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. P. Basham / SRH TITLE Eng. Assistant. DATE 11/26/96

TYPE OR PRINT NAME Sheilla D. Reed-High Telephone No. (303)621-4851

(This space for State Use)

APPROVED \_\_\_\_\_ DATE DEC 10 1996

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ TITLE ORIGINAL FILED IN 10-25-96 DATE \_\_\_\_\_

DeSoto/Nichols 10-94 ver 2.0