

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.

30-025-33480

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil / Gas Lease No.

NM-10185

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DRINKARD UNIT

8. Well No.

159

9. Pool Name or Wildcat

DOLLARHIDE TUBB DRINKARD

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 ☒

GAS

WELL ☐

OTHER ☐

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter P : 990 Feet From The SOUTH Line and 600 Feet From The EAST Line

Section 30 Township 24-S Range 38-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

GR-3161'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

REQUEST TA STATUS ☒

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.

3-14-00: NOTIFY NMOC. TEST CSG TO 700# FOR 30 MINS. SET CIBP AND TEMPORARILY ABANDON.
ORIGINAL CHART AND COPY OF CHART ATTACHED.

@ 6900 per di

This Approval of Temporary
Abandonment Expires 3/23/05

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 3/23/00

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

DeSoto/Nichols 12-93 ver 1.0

JCNB



