State of New Mexico

Form C-103

Submit 3 copies to Appropriate District Office	Ene	gy, Minerals and Natur	al Res	sources Department		Revised		
DISTRICT I	OIL	CONSERVA	TIC	N DIVISION	WELL API NO.			
P.O. Box 1980, Hobbs, N	M 88240	P.O. Box				30-025-33480		
DISTRICT II		Santa Fe, New Me			5. Indicate Ty	pe of Lease		
P.O. Box Drawer DD, Arte	sia, NM 88210	Canta i C, i tow isic	, XIOO	0,004 2000		STATE I	FEE 🛛	
DISTRICT III					6. State Oil / 0			
1000 Rio Brazos Rd., Azte						NM-10185		
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.)						e or Unit Agreement Name ARHIDE DRINKARD UNIT		
Type of Well: OIL WELL	☐ GAS ☐ WELL	OTHER						
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						159		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240						9, Pool Name or Wildcat DOLLARHIDE TUBB DRINKARD		
4. Well Location					- -	G. FAOT		
Unit Letter	P ; 990_	Feet From The	SOUT	H_Line and 600	_ Feet From T	he <u>EAST</u> Line		
Section 30		•		ange <u>38-E</u> NM	PM	LEA_ COUNTY	******************	
				B, RT,GR, etc.) GR-3161'				
11.	Check Appropr	iate Box to Indicate	e Nat	ure of Notice, Report	, or Other D	Data		
NOTICE OF	INTENTION TO			SL	IBSEQUE	NT REPORT OF:		
PERFORN' REMEDIAL WOF	_ 5:110.4	ND ABANDON		REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	— CHANG	E PLANS		COMMENCE DRILLING OPE	RATION	PLUG AND ABANDONMENT		
	П			CASING TEST AND CEMEN	ат ЈОВ □			
PULL OR ALTER CASING OTHER:				OTHER:			_ 🗆	
12. Describe Proposed or any proposed work) S	Completed Operation SEE RULE 1103.	s (Clearly state all peri	tinent	details, and give pertiner	nt dates, inclu	ding estimated date of star	ting	
Texaco Exploration and Pro	oduction Inc. respectful	y requets TA status of the	nis wel	II.				
Justification: Texaco is curre	ntly evaluating this well	for future potential as an	injecto	or, or recompletion to a diffe	eret zone.			
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I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE		edge and beliefTITLEEngineering Assistant	DATEDATE	
TYPE OR PRINT NAME	Mike Quintana		Telephone No. 397-0451	
This space for State Use)	RETURN DIGNED BY			
APPROVED BY		_TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY			DeSoto/Nichols 12-93 ver 1.0	