

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-025-30933

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-9613

7. Lease Name or Unit Agreement Name  
WEST DOLLARHIDE DRINKARD UNIT

8. Well No.  
111

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 A  
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 AND PRODUCTION INC.

3. Address of Operator  
P. O. Box 3109 Midland, Texas 79702

4. Well Location  
Unit Letter J : 2630 Feet From The SOUTH Line and 130 Feet From The EAST Line  
Section 33 Township 24-SOUTH Range 38-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GR-3180'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: EXTEND PERMIT EXPIRATION DATE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

DUE TO DRILLING PRIORITY AND SCHEDULING DELAYS, THIS WELL CANNOT BE SPUDDED BEFORE THE OCTOBER 15, 1991 EXPIRATION DATE.

PLEASE EXTEND THIS PERMIT FOR AN ADDITIONAL SIX (6) MONTHS.

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

SIGNATURE C. P. Basham /swk TITLE DRILLING OPERATIONS MANAGER DATE 09-24-91

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*Expires 4-15-92*