

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.	30-025-33830
5. Indicate Type of Lease	STATE <input 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.	165
9. Pool Name or Wildcat	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3200'

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.)

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter B : 1250 Feet From The NORTH Line and 1950 Feet From The EAST Line
Section 32 Township 24-S Range 38-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3200'

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 DRILLING PERMIT

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ 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, THIS WELL WILL NOT BE SPUDDED BEFORE THE FEBRUARY 13, 1998 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL YEAR.

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

SIGNATURE A. Phil Ryan TITLE Commission Coordinator DATE 2/10/98

TYPE OR PRINT NAME A. Phil Ryan Telephone No. 688-4606

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE FEB 13 1998

CONDITIONS OF APPROVAL, IF ANY: