

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

030174 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TEXACO Inc.		8. FARM OR LEASE NAME W.H. Rhodes A Federal	
3. ADDRESS OF OPERATOR P.O. Box 728 Hobbs, New Mexico 88240		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 555' FSL & 2085' FEL of Section 22, T-26-S, R-37-E, Unit Letter 'O', Lea County, New Mexico.		10. FIELD AND POOL, OR WILDCAT Rhodes Yates	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22, T-26-S, R-37-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2991' (DF)		12. COUNTY OR PARISH Lea	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Rigged Up. Pull rods and pump, install BOP. Pull tubing.
2. Spot 500 gal Hydrochloric non-emulsion acid in liner @ 3215'. Flush w/13 bbls fresh water.
3. Clean out to TD (3250').
4. Set packer @ 3052'. Acidize open-hole 3150'-3250' w/500 gal 15% F-75 Acid, 750 gal 12.6 mud acid, 1500 gal 3% F-75 Acid, & 500 gal 3% L-47 Acid. Flush w/XCL water.
5. Install pumping equipment, on 24 hr potential test ending 6-21-77, well pumped 1 bbl oil and 2 bbl water., GOR TSTM.

RECEIVED
JUN 27 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Asst. Dist. Supt.

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 6-23-77
ACCEPTED FOR RECORD
JUN 27 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

JUN 26 1977

OIL CONSERVATION COM.
HOBBS, N. M.