

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0100
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LE-030174-B

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 GAS WELL OTHER

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 730, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit J - 1980' FSL & 1980' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
W. H. Rhodes "B" Fed. NCT-2

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Rhodes Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-26-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

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) MIRU. Instld BOP. Pld prod equip.
- 2) TIH w/WS, 4-3/4" bit & 5-1/2" csg scraper. C/O to 3320'. TOH.
- 3) TIH w/treating pkr & 310' TP. Spt 330 gal sulfate converter. SION.
- 4) A/w/4000 gal 15% NEFE. Szq w/2 drum Univhem 793 inhibitor. Max P-1425#. Min P-900#. ISIP-725#.
- 5) TOH w/WS. Ran prod equip.
- 6) OPT 11-14-89, 3 BO, 18 BW, 266 GOR, 36.9 Grav, perms 3007-3302'.

ACCEPTED FOR RECORD

Adan

DEC 11 1989

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED J. A. Treach / RSP TITLE Area Manager DATE 12/05/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 14 1989

OCD
HOBBS OFFICE