

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-030174 (b)</b>
2. NAME OF OPERATOR <b>TEXACO Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR <b>P.O. Box 728, Hobbs, New Mexico 88240</b>		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>1980' FSL, 1980' FEL of Section 28 T-26-S, R-37-E, Unit Letter "J", Lea County, New Mexico</b>		8. FARM OR LEASE NAME <b>W.H. Rhodes "B" Fed. NCT-2</b>
14. PERMIT NO. <b>Regular</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2966' (GR)</b>	9. WELL NO. <b>5</b>
		10. FIELD AND POOL, OR WILDCAT <b>Rhodes Yates</b>
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <b>Sec 28, T-26-S, R-37-E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>New Mexico</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <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.)\*

Subject well approved for drilling with operation to begin before 1-21-78. TEXACO Inc. requests an extension of time on approved date due to inability to acquire drilling rigs. Well will be spudded in the near future. Currently drilling Rhodes Yates #13 and rig will move to W. H. Rhodes "B" NCT-2 #4 upon completion of #13. Rig will move to subject well following completion of #4.

4-21-78

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 1-17-78

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**APPROVED**  
JAN 18 1978  
C.A.L.  
ACTING DISTRICT ENGINEER