

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNIT. STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No.  
NMO60-3160-4

**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.)

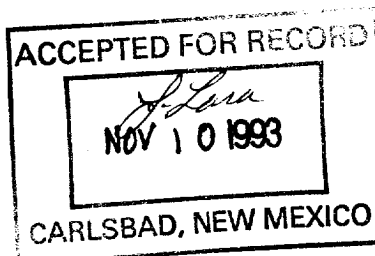
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-030174 B	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702	3a. AREA CODE & PHONE NO. (915) 688-4620	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 2589' FSL & 1416' FWL, UNIT LETTER K, NE/SW		8. FARM OR LEASE NAME W. H. RHODES 'B' NCT-1	
		9. WELL NO. 28	
		10. FIELD AND POOL, OR WILDCAT RHODES YATES SEVEN RIVERS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 26, T-26-S, R-37-E	
14. PERMIT NO. API #30-025-32100	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2990', KB-3000'	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:		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 type="checkbox"/>	(Other) SPUD & SURFACE CASING <input checked="" 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. ROD RIC RIG #3 SPUD 12 1/4 HOLE @ 8:00 PM 10-11-93. DRILLED TO 1050'. TD @ 8:15 PM 10-12-93.
2. RAN 25 JTS OF 8 5/8, 24#, WC-50, STC CASING SET @ 1050'. RAN 12 CENTRALIZERS.
3. DOWELL CEMENTED WITH 425 SACKS CLASS C w/ 4% GEL, 2% CACL2 @ 13.5 PPG, F/B 225 SACKS CLASS C w/ 2% CACL2 @ 14.8 PPG. PLUG DOWN @ 3:30 AM 10-13-93. CIRCULATED 73 SACKS.
3. NU BOP AND TESTED TO 1500#.
4. TESTED CASING TO 1500# FOR 30 MINUTES FROM 1:30 TO 2:00 PM 10-13-93.
5. WOC TIME 10 HOURS FROM 3:30 AM 10-13-93 TO 1:30 PM 10-13-93.
6. DRILLING 7 7/8 HOLE.



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

SIGNED C.P. Basham / cwh TITLE DRILLING OPERATIONS MANAGER DATE 10-14-93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NO. 1, 1942

RECEIVED

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