

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
P.O. Box 728 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 1650' FEL
AT TOP PROD. INTERVAL: Unit Letter '0'
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other)

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RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

MAY 8 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE LC-030174-b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
W.H. Rhodes B Federal NCT-1

9. WELL NO.
13

10. FIELD OR WILDCAT NAME
Rhodes Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-26-S, R-37-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2984' (DF)

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. Rig up. Pull rods & pump. Install BOP. Pull tbg.
2. Clean out w/scale converter mixed with water.
3. Acidize w/1000 gals. 15% NE acid. Swab residue.
4. Pull 102' 4-1/2" slotted casing liner. Clean out to 3332' (TD).
5. Set pkr. @ 3100'. Frac open-hole w/36,500 gals. 70 Quality foam & 40,500# 20/40 mesh sand in 3 stages using rock salt between stages. Flush w/water.
6. Install pumping equipment. Test and return to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 5-7-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 8 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side