

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(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 a plug back to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" (Form 9-332) for proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
TEXACO Inc.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Well located 1980' from the North Line, and 864' from the West Line of Section 26, T-26-S, R-37-E, Lea County, N. M.

14. PERMIT NO.
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2995' (D. F.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-030174-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NONE

7. UNIT AGREEMENT NAME
NONE

8. FARM OR LEASE NAME
W.H. Rhodes "b" NCT-1

9. WELL NO.
14

10. FIELD AND POOL, OR WILDCAT
Rhodes

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

12. COUNTY OR PARISH
Lea

13. STATE
N. M.

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 checked="" 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) <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.)*

Total Depth - 3295'
7 5/8" O. D. Casing Cemented at 1200'

Ran 3286' of 4 1/2" O. D. Casing, 9.50 LB, J-55, NEW, and cemented at 3295' with 375 Sx. Trinity Lite Water Cement, plus 100 Sx. 4% gel. Plug at 3268'. Job complete 4:15 A. M. January 9, 1967.

Tested 4 1/2" O. D. Casing for 30 minutes with 1500 P. S. I. from 10:30 A. M. to 11:00 A. M. January 10, 1967. Tested O. K. Job complete 11:00 A. M. January 10, 1967.

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

SIGNED Dan Gillett TITLE Assistant District Superintendent

DATE January 10, 1967

(This space for Federal or State office use)

APPROVED BY _____ TITLE APPROVED

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1967

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

Vertical stamp: RECEIVED... DISTRICT ENGINEER... JAN 12 1967