

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

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 728, Hobbs, New Mexico 88240

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

14. PERMIT NO.
Regular

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3000' (D. F.)

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' Fed. NCT-1

9. WELL NO.
11

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
New Mexico

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) _____	
(Other) Treat well for scale <input checked="" 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.)*

TEXACO PROPOSES TO DO THE FOLLOWING WORK ON SUBJECT WELL:

1. Shut well in 24 hours to obtain static fluid level.
2. Spot 165 gals. Champion C-30 Chrmlcal w/4 bbls. fresh water down open hole. Flush with necessary amount of lease crude oil.
3. Shut well in 24 hours and then circulate 24 hours with pumping equipment.
4. Squeeze open hole with 110 gals. Champion T-27 Chemical w/5 gals. demulsifier in 20 bbls. fresh water, and over flush with 100 bbls. formation water.
5. Shut well in for 24 hours.
6. Return well to production.

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

SIGNED

J. P. [Signature]

TITLE

Assistant District Superintendent

DATE

March 27, 1969

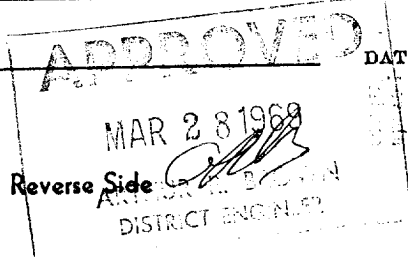
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side