

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-030174-B

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME -
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME W.H. Rhodes B Fed. NCT-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL, Sec 26, T-26S, R-37E, Unit Letter 'O', Lea County, New Mexico		9. WELL NO. 12
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Rhodes
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3006' (DF)		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <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.)*

1. Rigged up. Pull rods. Install BOP.
2. Clean out to 3280'.
3. Set packer @ 2917'. Spot 110 gal. United Techniclean w/6 Bbls. fresh water in open hole section 3093-3280'. Flush w/17 Bbls. water.
4. Acidize open hole 3093-3280' w/500 gal 15% HCl w/.2% EZ Flo, 750 gals. 12-6 mud acid containing 10% U-66, 1500 gal 3% HCl w/.2% EZ Flo, & follow w/550 gals 2% CKI pad & 250 gal. scale inhibitor. Flush w/130 bbl. 2% KCl water.
5. Install pumping equipment. On 24 hr. potential test well pumped 2 BO & 5 BW. GOR TSTM.

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

SIGNED

TITLE

Asst. Dist. Supt.

DATE

3-10-77

(This space for Federal or State Office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

MAR 14 1977

U. S. GEOLOGICAL SURVEY
DALLAS, TEXAS

*See Instructions on Reverse Side

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