

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, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit Ltr. I, 1980 FSL & 660 FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
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 <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) _____ | |

5. LEASE
NM-25742
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Rhodes Yates Unit
8. FARM OR LEASE NAME
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Rhodes Yates
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T-26S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2977' (DF)

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

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. Pulled production equipment. Installed BOP.
2. Acidized w/OH w/1500 gal. 15% NEFE w/clay stab in 2 stages w/50 bbls. 10# brine w/500# RS between stages. Flush w/22 BPW.
3. Chem. squeezed OH w/1890 gal. 2% KCL w/164 gal. TH-793 and 280 BPW w/10 gal. TH-377 in 2 stages w/50 bbls 10# brine gel w/600# RS between stages.
4. Ran production equipment and placed on production.

4/10/85 - 24 hour test - 16 BO, 256 BSW, 202 MCFG, Grav. 36.9, GOR-12,625.

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

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

SIGNED W.B. Loh TITLE Dist. Opr. Mgr. DATE April 25, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 2 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO