

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 ☐

JAN 27 1981

2. NAME OF OPERATOR

Texaco Inc.

U.S. GEOLOGICAL SURVEY  
HOBBS, NEW MEX

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL &amp; 660' FEL

AT TOP PROD. INTERVAL: (Unit Letter 'I')

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) ☐☐☒☐☐☐☐☐☐☐

5. LEASE

N. M.-25742

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Rhodes Yates Unit

8. FARM OR LEASE NAME

Rhodes Yates Unit

9. WELL NO.

10. FIELD OR WILDCAT NAME

Rhodes Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 21, 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)

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.)\*

Rigged up. Pull pump &amp; rods. Install BOP. Pull tubing.

Clean out to 3253' (TD).

Set Pkr. @ 3017'. Acidize open hole 3093'-3253' w/2500 gals. 20% NEFE Acid in 3-stages using a total of 1300# rock salt between stages.

Frac open hole 3090'-3252' w/36,000 gals. 50% Co<sub>2</sub> & 50% gelled 2% KCl acid, 6000#100 mesh sand, 36,000# 20/40 sand & 24,000# 10/20 sand. Flush w/20 Bbls. Co<sub>2</sub>.

Install pumping equipment. On 24 Hr. potential test ending 1/26/81, well pumped 55B0 &amp; 187BW.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

TITLE Asst. Dist. Supt. DATE 1/26/81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: