

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.)

AT SURFACE:
AT TOP PROD. INTERVAL: 1980' FSL & 660' FEL
AT TOTAL DEPTH: (Unit Letter "I")

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) ☐

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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.
1

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 9-130.)

RECEIVED
OCT 16 1980
GEOLOGICAL SURVEY
U. S. DEPARTMENT OF THE INTERIOR
HOBBS, N. M.

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. Rig up. Pull pump and rods. Install BOP. Pull tubing.
2. Clean out to T.D. (3253').
3. Set packer at 3030'. Acidize open-hole section 3093-3253' with 2500 gals. 20% NEFE acid.
4. Frac w/36,000 gallons 50% CO₂, 50% gelled KCl water, 6000#, 100 mesh sand, 36,000# 20/40 sand and 24,000# 10/20 sand in 6 stages. Flush with 420 gals 2% KCl water and 420 gallons CO₂.
5. Install pumping equipment. Test and return to production.

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

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

SIGNED J. A. Smith TITLE Ass't. Dist. Supt DATE 10-13-80

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED
OCT 20 1980
DISTRICT SUPERVISOR