

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

055262  
LC-030181-6

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 AND POOL, OR WILDCAT

Rhodes Yates

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

Sec. 21-26-37

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 723, 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

Unit letter I, 1980 feet from the South line and 660 feet from  
the East line, Section 21, Township 26S, Range 37E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

2977' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 perti-  
nent to this work.)\*

REMARKS

1. WELL STATUS - TR-0 (To Be Reconditioned-Oil)
2. TEMPORARY ABANDONMENT DATE - May, 1966
3. REASON FOR ABANDONMENT - Not profitable to operate

4. FUTURE PLANS - Waiting on flood response.

5. DATE OF FUTURE WORKOVER OR PLUGGING - October, 1975

NOV 1 1975

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 10-22-74

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 24 1974

\*See Instructions on Reverse Side

JIM SIMS  
ACTING DISTRICT ENGINEER