| Form 9-331 (May 1963) | TED STATES DEPARTMENT OF THE IN | | Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO. LC _03018_hc.! | |
|---|---|--|--|--|
| SUNI (Do not use this i | DRY NOTICES AND REPO form for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT" for | PRTS ON WELLS or plug back to a different reservoir. or such proposals.) | 8. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| OIL GAS WELL X GAS WELL 2. NAME OF OPERATOR | OTHER | | 7. UNIT AGREEMENT NAME NONE N. FARM OR LEASE NAME | |
| Z. NAME OF OPERATOR | TEXACO Inc. | Company of the Company | H. G. Moberly "c" | |
| 8. ADDRESS OF OPERATOR | | - Hobbs, New Mexico | 9. WELL NO. | |
| 4. LOCATION OF WELL (R. See also space 17 belo At surface Well located East Line of | 10. FIRLD AND POOL, OR WILDCAT Rhodes 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA | | | |
| 14. PERMIT NO. 15. ELEVATIONS (Show w | | | Sec. 21, T-26-S, R-37- 12. COUNTY OR PARISH 13. STATE | |
| Regular | 29' | 77' (D. F.) | Lea N. M. | |
| 16. | Check Appropriate Box To Ind | icate Nature of Notice, Report, or C | Other Data UENT REPORT OF: | |
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) Shut Well In | | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomp | REPAIRING WELL ALTERING CABING ABANDONMENT® its of multiple completion on Well apletion Report and Log form.) | |

We propose to shut well in as follows:

- Capacity of well is less than one bbl of oil per day, which is uneconomical to produce.
- 2. It is recommened that this well be shut in, held in this manner until the Rhodes waterflood project, which is scheduled for future expansion, and could include the entire Rhodes Pool at a later date.
- 3. We plan to do the above work, subject to the approval of the United States Department of the Interior Geological Survey Office, Hobbs, New Mexico.

| 18. I hereby certify that the foregoing is true and correct | rt . | | | |
|---|---------|--------------------|--------|----------------|
| signed / A Blevins Ar- | TITLE _ | Assistant District | DATE _ | April 26, 1966 |
| (This space for Federal or State office rise) | | Superintendent | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE _ | | DATE | /FD |

*See Instructions on Reverse Side