N. M. CIL CONS. COMMISSION

P. O. BOX 1020

HOBBS, NEW MEXICO 8824

mm whitever.										
_	udget	Bureau	No.	42-R1424						

UNITED STATES TROUBLE THE	5. LEASE
DEPARTMENT OF THE INTERIOR	LC - 030174 (a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
CHAPDY MOTICES AND DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	0 5151105151051115
eservoir, use rotti 3-331-0 for such proposats.	8. FARM OR LEASE NAME
1. oil 🚜 gas 🗇	W. H. Rhodes A Jellen
1. oil Regas other	9. WELL NO.
2. NAME OF OPERATOR	3
	10. FIELD OR WILDCAT NAME
TEXACO Inc.	
3. ADDRESS OF OPERATOR	Rhodes Yates
P. O. Box 728, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 22, T-26-S, R-37-E
AT SURFACE: 660' FWL & 660' FSL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: (Unit Letter 'M')	
AT TOTAL DEPTH:	Lea New Mexico
AT TOTAL DEFINI.	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	र इंडिंग है के किया है
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
·	2975' (GR)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	(GI)
EST WATER SHUT-OFF U	WE SELLING
FRACTURE TREAT	リカラのほという
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completed of an annual change on Form 9–330.)
PULL OR ALTER CASING	
MULTIPLE COMPLETE	MAR 2 8 1983
CHANGE ZONES U	
ABANDON*	OHL & GAS
other) Addl. Peris. in Yates Zone	MINERALS MGMT. SERVICE
17 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	
IZ DESCRIBE PROPOSED OR COMPLETED OPERATIONS (CJARIV STAT	e an derincent d enomination meter appreciation t Udics.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent denoted by maximum to 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.)*

SEE ATTACHED FOR RECOMMENDED REMEDIAL WORK JOB DESCRIPTION

Subsurface Sa	fety Valve: Manu. and Type	· ···	Set @		Ft.	
18. I hereby certify that the foregoing is true and correct						
SIGNED /		LE Asst. Dist. Mgr. DAT	re	3	-25-83	
	APPROVED (This sp	ace for Federal or State office use)				
(Orig.	Sgd.) PETER W. CHESTER	TLE D.	ATE			
CONDITIONS OF	MAR 2 9 1983					
	FOR JAMES A. GILLHAM DISTRICT SUPERVISOR 'Se	Instructions on Reverse Side				