

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-030174-A

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME -	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		8. FARM OR LEASE NAME W. H. Rhodes A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FWL & 660' FSL of Section 22, T-26-S, R-37-E, Unit Letter 'M', Lea County, New Mexico.		9. WELL NO. 3	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2975' (GR)	
		10. FIELD AND POOL, OR WILDCAT Rhodes	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-26-S, R-37-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 pertinent to this work.)*

1. Pull rods and pump. Install BOP. Pull tubing.
2. Clean out well to TD 3300'. Log well.
3. Set packer @ 3060'. Acidize open hole section 3205-3300' as follows:
1750 gals. 15% HCL w/.2% EZEFL0 (surfactant, surface tension reducer), followed
by 1000 gals. 3% HCL w/.2% L-42 (clay stabilizer). Flush w/130 bbls. 2% KCL water.
4. Swab.
5. Run production equipment. On 24 hr. potential test, well pumped 227 BO & 135 BW,
GOR TSTM.

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

SIGNED [Signature]

TITLE Asst. District Supt.

DATE 3-18-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE

MAR 21 1977

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED
JUL 20 1977

ACCEPTED FOR RECORD

7/21/77

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