Form:3160-5 (November 198 (Formerly 9-3	BUR	EAU OF LAND MA	IE INTERIOR	[37] S. [3]	Exp Fe 5. LEASE IC-	dget Burcau Nopires August 3 DESIGNATION AND 030174 (A)	1, 1985 ND SERIAL NO	
(Do not	t use this form for Dr	OTICES AND R	eepen of Didg back	o-a-different reservoit.		DIAN, ALLOTTEE (OR TRIBE NAME	
i.	GAS	_	an e		7. UNIT	AGREEMENT NAME	8	
WELL OTHER 2. NAME OF OPERATOR						8. FARM OR LEASE NAME		
Texaco	OPERATOR				9. WELL	H. Rhodes .	<u>A F</u> ede <u>r</u> al	
P. O. Box 728, Hobbs, NM 88240 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						10. FIELD AND POOL, OR WILDCAT Rhodes Yates		
555' FSL & 2085' FEL						11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA		
14. PERMIT NO.	-12027	15 ELEVATIONS (S	Show whether DF, RT, (ir, etc.)	Sec 12. con	TY OR PARISH	R37E 13. state	
16.				e of Notice, Report,		·a	144	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:								
TEST WATE FRACTURE SHOOT OR REPAIR WE	ACIDIZE	PULL OR ALTER CASI MULTIPLE COMPLETE ABANDON® CHANGE PLANS	!	WATER SHUT-OFF FRACTUBE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report re Completion or Re	sults of multip	REPAIRING WE ALTERING CASI ABANDONMENT	Well	
17. DESCRIBE PR	orosep or courteren	OPERATIONS (Clearly St.	ate all pertinent det subsurface locations	ails, and give pertinent d and measured and true v	lates, including	estimated date	of starting any	
01/23/86 - 01/26/86 - 01/27/86 -	TIH w/4 3/4 clean. TOH. TIH w/tubin biocarbonat ammonium bi	g & racker. Sp e solution. Se ocarbonate sol	tubing. No ot 900 gals. t pkr. @ 297 ution & flus		'1#/gal. A Pump 900	mmonium gals addit	cional	
01/28/86 -	700# increa AIR 5 BPM.	se on block. SI 2 hrs. Pump . Flush with 2	ISIP 100#, 5 ed 82 gals.	FE acid & 500# MSIP Vaccuum, TH-793, scale i uced water w/5	Max. 1500 nhibitor,	psi. Min. mixed in	800#, 30 bbls	
01/29/86 - 02/10/86 -		ction equipmen est; 36 BOPD,		'. SN @ 3160'. R 944.	Put on te	st.		
		ACC	EPTED FOR R	ECORD				
			Swa					
			FEB 19 198	16				
		CAP	SRAD, NEW	KLMICO				
18. I bereby cer	rtify that the foregoin	ng is true and correct						
SIGNED	- Hi Ad	\mathcal{M}	TITLE Dist.	Oper. Mgr.	DA	TE 02/13/8	36 	
(This space	for Federal or State	office use)						
APPROVED CONDITION	NS OF APPROVAL, I	F ANY:	TITLE		DA	TE		

*See Instructions on Reverse Side

MOBBS C.D. POBB