

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 LC-030 174 (A)
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, N.M. 88240		8. FARM OR LEASE NAME W.H. Rhodes "A" Fed.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit LTR. O, 555 FSL & 2085 FEL 2085		9. WELL NO. 5
14. PERMIT NO. 30-025-12037		10. FIELD AND POOL, OR WILDCAT Rhodes Yates
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2991' DF		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 22, 26-S, R-37E
		12. COUNTY OR PARISH LEA
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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. Rig up pull rods and pump, install BOP, tag bottom with tubing, and pull out of hole.
2. TIH with 4 3/4" bit and drill collars. Clean out to 3190'. POH
3. TIH with 5 1/2" packer, workstring, and 4 jts. of tailpipe.
4. Spot 900 gals. of 1#/gal. ammonium bicarbonate solution across the open hole. Pull up and set the packer at 2980'. Wait 1 hour.
5. Pump 900 additional gals. of 1#/gal. ammonium bicarbonate solution into the open hole. Shut in 24 hours.
6. Swab back residue.
7. Acidize the openhole with 2000 gal. 15% NEFE HCL acid with clay stabilizer at 4-5 BPM as follows:
  - a) Pump 1000 gallons acid.
  - b) Drop 500# rock salt in acid.
  - c) Pump 1000 gal. acid.
  - d) Pump tubing volume plus 10 bbls. flush  
Max. Press.: 1500 psi
8. Swab back residue.
9. Squeeze the openhole through tubing with 2 drums of TH-799 (Scale Inhibitor-Unichem) mixed with 30 bbls. of fresh water followed by 200 bbl. produced water with 5 gal. TC-420 (Surfactant-Unichem). SION.
10. POH with workstring and packer. 11. Rerun production equipment and return to production.

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

SIGNED W. B. Galt

TITLE Dist. Opr. Mgr.

DATE 11-18-85

(This space for Federal or State office use)

APPROVAL BY [Signature]  
SIGNATURE OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

NOV 26 1985

RECEIVED

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DOUGLAS, NEW MEXICO