Form 9-331 COPY 10 0. 0	
Dec. 1973	Budget Bureau No. 42-R1424
UNITED STA	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-0301'(+) (a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil 🛣 gas 🗆 well 🖾 other	W. H. Rhodes A Federal 9. WELL NO. 255
2. NAME OF OPERATOR	
Texaco Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Rhodes Yates
P. O. Box 728, Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M.; OR BLK. AND SURVEY OR AREA 유민 등 유용 한 유명
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 22, T-26-S, R-37-E
AT SURFACE: 555' FSL & 2085' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: (Unit Ltr. 'O')	Lea Lea New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO. Hand of no to hand of the state
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	2991'(DF)
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	(NOTE: Report rights of multiple completion of the change on Form 9-330.)
CHANGE ZONES	
(other)	U.S. GEOLOGICAL SURVEY
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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. Rigged up. Pull rods & pump. Install BOP.	
2. Clean out to 3250' (TD).	
3. Set pkr. @ 3060'. Frać down 2 7/8" tubing - open hole 3105'-3250' w/30,000 gals. 70 qualify foam containing	
430,000 std. cubit feet nitrogen, 6000 # 100 mesh sand,	
& 48,000 # 20/40 sand in 3- equal stages. We approximately the same $\frac{1}{2}$	
4. Install pumping equipment.	
5. On 24 hr. potential test well pumped 28 BO & 8 BW , GOR	
4500. Workover complete 12-19-78.	
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Subsurface Safety Valve: Manu. and Type	Set @ <sup>1</sup> 5 5 3 4
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE ASST. Dist.	Sup t <sub>ATE</sub> 1-8-79
(This space for Federal or State office use)	
	or con BD
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE EUR REDUIN
Ì	ACCEPTED THE ALL XOLA
APPROVED BY	
JAN JAN SURVET	
•See Instructions on Reverse Side U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO	
U. JOBBS, NEW	
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U. S. GERKOGICAL SURVEY HOBBS, NEW MEXICO

