

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

COPY TO O. & C.

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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 Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 555' FSL & 2085' FEL of Section 22, T-26-S, R-37-E, Unit Letter 'O' Lea County, New Mexico.		9. WELL NO. 5
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Rhodes Yates
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2991' (DF)		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 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"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

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.)*

Filed to Correct 9-331, dated 6-23-77

1. Rigged Up. Pull rods and pump. Install BOP. Pull tubing.
2. Spot 500 gal. Hydrochloric non-emulsion acid in Liner @ 3215'. Flush w/13 bbls fresh water.
3. Pull 4-1/2" csg liner.
4. Clean out to TD (3250')
5. Set packer @ 3052'. Acidize open-hole 3105'-3250' w/500 gal 15% F-75 Acid, 750 gal 12.6 mud acid, 1500 gal 3% F-75 Acid & 500 gal 3% L-47 Acid. Flush w/KCL water.
6. Install pumping equipment, on 24 hour potential test ending 6-21-77, well pumped 1 bbl oil and 2 bbl water., GOR TSTM.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 6-29-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 1 1977

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED FOR REVIEW

RECEIVED

JUL 12 1977
OIL CONSERVATION COMM.
HOBBS, N. M.