

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

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" Fed.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Well is located 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. Regular		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 New Mexico

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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) Pull Csg. Liner	

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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. Install BOP. Pull rods & pump.
2. Spot 500 gal. 15% NE Acid in liner. Pull tubing.
3. Jar 4-1/2" slotted casing liner loose & pull.
4. Clean out open hole to 3250' (TD).
5. Acidize open hole 3105-3250' w/500 gal. 15% HCl, followed by 750 gal 12.6 Mud Acid & 1500 gal. 3% HCl. Flush w/75 bbls. 2% KCl water.
6. Swab.
7. Install pumping equipment. Tst and return to production.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE

4-5-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

DATE

APR 6 1977

BERNARD MOROZ  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

RECEIVED

RECEIVED

APR 12 1977

OIL CONSERVATION COMM.  
HOES, N. M.