## UNITO STATES DEPARTMENT F THE INTERIOR (Other instructions ( perse side)) GEOLOGICAL SURVEY

Form approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

030174-(a) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AN	REPORTS ON WELLS
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(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.)	
OIL X GAS OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TEXACO Inc.	W.H. Rhodes "A" Fed.
P. O. Box 728. Hobbs, New Mexico 88240	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface Unit letter 0, 555 feet from the South line and 2085 feet from the East line.	Rhodes Yates 11. SEC., T., R., M., OB BLK. AND SURVEY OR ABEA 22-26S-37E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
2991' DF	Lea NM

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

NOTICE OF INTENTION	TO:	SUBSEQUE	NT REPORT OF:
	OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASING ABANDONMENT*
CHAN  (Other) Fxtension Request	GE PLANS	(Other)  (NOTE: Report results of Completion or Recomplet	f multiple completion on Well ion 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.)\*

## REHARKS

16.

- WELL STATUS -TR-0 (To Be Reconditioned Oil)
- TEMPORARY ABANDONMENT DATE January, 1957 2.
- REASON FOR ABANDONMENT Not profitable to operate 3.
- FUTURE PLANS Waiting on flood response.
- DATE OF FUTURE WORKOVER OR PLUGGING 1976 5.

18. I hereby certify that the foregoing is true and correct	TITLE Asst. Dist. Supt.	DATE 10-7-75
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE (