

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other ☐
2. NAME OF OPERATOR
TEXACO Inc.
3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FWL
AT TOP PROD. INTERVAL: (Unit Letter 'M')
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and including estimated date of starting any proposed work. If well is directionally drilled, give Subsurface Borehole and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Rig up. Pull rods & pump. Install BOP. Pull tubing.
2. Set pkr. @ 3000'. Acidize slotted liner section 3041-3255' w/2000 gals 15% retarded acid.
3. Frac w/18,000 gals. gelled 2% KCL water, 18,000 Gals. CO₂, 3000# 100 mesh sand, 36,000# 20/40 sand & 18,000# 10/20 sand. Flush w/750 gal 2% KCl water.
4. Install pumping equipment. Test and return to production.

Subsurface Safety Valve; Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-3-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE
LC-030174-b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-
7. UNIT AGREEMENT NAME
-
8. FARM OR LEASE NAME
W.H. Rhodes 'B' Fed. NCT-1
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
Rhodes Yates
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-26S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
-
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2992' (DF)

(NOTE: Report results of multiple completion or zone change on Form 9-280.)

RECEIVED
OCT 9 1980
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

APPROVED

OCT 20 1980

DISTRICT SUPERVISOR