Ferm 9-331 (May 1963)	UNITED STATES DEPARTMAN OF THE INTE GEOLOGICAL SURVEY	SUBMIT IN TRIPI (Other instruction re-	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC-030174-"b"
	JNDRY NOTICES AND REPORTS this form for proposals to drill or to deepen or plu use "APPLICATION FOR PERMIT—" for suc		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
OIL GAS WELL WEI	ONT 2. It us till by	***	7. UNIT AGREEMENT NAME NONE
2. NAME OF OPERATOR TEXACO Inc.			8. FARM OR LEASE NAME W. H. Rhodes "b" NCT-1
3. ADDRESS OF OPER	P. O. Box 728 - Hobbs, New	The state of the s	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 660* from the South Line, and 660* from the West			10. FIELD AND POOL, OR WILDCAT Rhodes
Well locate Line of Sec	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-26-S, R-37-E		
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether		12. COUNTY OR PARISH 18. STATE Lea N. M.
16.	Check Appropriate Box To Indicate	· Nature of Notice, Report, or O	ther Data
	NOTICE OF INTENTION TO:	SUBSEQU	ENT REPORT OF:
TEST WATER SHU FRACTURE TREAT SHOOT OR ACIDIZ	MULTIPLE COMPLETE ABANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING WELL ALTERING CASING ABANDONMENT
REPAIR WELL (Other)	CHANGE PLANS		of multiple completion on Well
proposed work.	O OR COMPLETED OPERATIONS (Clearly state all perting the well is directionally drilled, give subsurface by	neut details, and give pertinent dates,	including estimated date of starting any
We propos	e to do the following work on	subject well:	Thought the state of the state
1. Pull	tubing, and clean out hole to	toal depth of 3325' wit	h air equipment
2. Run g	amma ray-neutron log from surf	ace to total depth.	Parameter (Standard) (
on bo grave	l pack a slotted 4" flush joir ttom, no hanger, and should ex l from surface, and jet liner in pulling unit to acidize.	tend approx. 201 up ins	ide 5 1/2" casing. Pour
4. Acidi	ze with 2500 gals 15% NE Acid.	Swab well.	Cong sandan
5. Test,	return well to production.		R for abbinous from the state of the state o
			The street of th
81GNED H	nat the foregoing is true and correct TITLE D. Raymond	Assistant District Superintendent	DATE October 9, 1964
	ederal or State office use)		SIFD \
APPROVED BY _ CONDITIONS OF	APPROVAL, IF ANY:	APPI	A 1964 State Land
	*See Instruction	ons on Reverse Side	R. BROWN TRIC ENGINEER