

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☐ OIL WELL ☐ GAS WELL ☒ OTHER INJECTOR

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The
WEST Line Section 26 Township 26S Range 37E

5. Lease Designation and Serial No.
LC 030174 B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
RHODES, W. H. -B- FED. NCT-1
10

9. API Well No.
30 025 12056

10. Field and Pool, Exploratory Area
RHODES YATES SEVEN RIVERS

11. County or Parish, State
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: CLEAN OUT AND ACIDIZE	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)*

10/06/94: MIRU. Install BOP. TOH with packer and injection tubing.

10/07/94: Clean out liner from 3285' to 3320'.

10/10/94: TIH with treating packer, set @ 3093'. Acid stimulate liner slots from 3118' to 3320 with 4000 gallons 15% NEFE +2500# rock salt.
Pmax = 2790psi, Pmin = 1750psi, ISIP = 1900 psi, AIR = 3.5 BPM.

10/12/94: Ran packer and set @ 3067' on 2-3/8" tubing. Test annulas to 550 psi <held>.

10/17/94 - 1/1/95: Returned to injection and placed on test.

1/2/95: Final test - 10/64 choke, 680 psi tubing pressure, 170 bbls water injected in 24 hours.

Original pressure chart was sent to NMOCD and a copy can be found on the reverse side of this form.

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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant DATE 3/2/95

TYPE OR PRINT NAME Darrell J. Carriger

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

