

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instruction
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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.

11

10. FIELD AND POOL, OR WILDCAT

Rhodes Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 26, T-26-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 ☒ 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 and in accordance with any State requirements.*
See also space 17 below.)
At surfaceWell is located 1980' FSL & 1980' FWL of Section 26, T-26-S,
R-37-E, Unit Letter 'K', Lea County, New Mexico

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3000' (DF)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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. Rigged up. Install BOP. Pull pumping equipment.
2. Clean out to TD - 3240'.
3. Set packer @3045'. Acidize open hole 3089-3240' as follows:
 - a. 500 gal. 15% HCL
 - b. 750 gal. 15% Mud Acid
 - c. 500 gal. 3% HCL
 - d. 1000 gal. 3% HCL w/clay stabilizers
4. Flush w/75 Bbls. 2% KCL water. Swab.
5. Run pumping equipment. On 24 hr Potential Test well pumped 9 BO & 154 BW.
6. Place well on production.

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

SIGNED

TITLE

Asst. Dist. Supt.

DATE

11-23-76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

