

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

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 on a well in a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐

DIST. 6 N. M.

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: 2970' FNL & 2310' FEL  
AT TOP PROD. INTERVAL: (Unit Letter 'J')  
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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

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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.  
2  
10. FIELD OR WILDCAT NAME  
Rhodes Yates  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 27, T-26-S, R-37-E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
New Mexico  
14. API NO.  
-  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
2988' (GR)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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. Pulled rods & pump. Installed BOP. Pulled tubing.
2. Set pkr. @ 3007'. Acidize open-hole 3077'-3243' W/16,000 gals 15% Mud acid in 2 stages using 1000# rock salt between stages. Flush.
3. Frac open-hole 3077'-3275' W/6000 gals. Gelled KCL Water carrying 5000# 20/40 sand, 7000# 10/20 sand in 2 stages using 1000# rock salt between stages. Flush with 2% KCL Water.
4. Install production equipment. Workover unsuccessful. Well shut-in pending further study, 6-30-83.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 7-5-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

[Signature]  
AUG 26 1983

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO