

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.
LC-030174 (b)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
2. NAME OF OPERATOR TEXACO INC.		7. UNIT AGREEMENT NAME ---
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME W.H.Rhodes B NCT-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2970' FNL & 2310' FEL of Section 27, T-26-S, R-37-E, Unit Letter 'J', Lea County, New Mexico.		9. WELL NO. 2
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Rhodes Yates
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2988' (GR)		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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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. Pull pumping equipment. Install BOP.
2. Clean out to TD-3275'.
3. Set packer @ 3002'. Acidize open-hole 3077'-3275' w/500 gal. 15% HCL, followed by 750 gal. 12.6 mud acid. This was followed by 1500 gal. 3% HCL w/clay stabilizer.
4. Flush w/130 bbl. KCL wtr containing scale preventer. Pull packer.
5. Treat w/165 gals Techniclean in 165 gal. wtr. Flush w/3 bbls water.
6. Install pumping equipment. On 24 hr potential test well pumped 2 BO & 11 BW, GOR TSTM. Return to production.

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

SIGNED [Signature]

TITLE Asst. Dist. Supt.

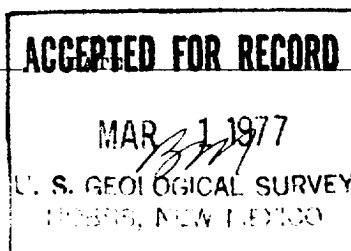
DATE 2-25-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



RECEIVED

MAY 1977
OIL CONSERVA. & COMM.
HOBBS, N. M.