Form 9-311 (May 1963)

## HE INTERIOR (Other instructions on re

	EOLOGICAL SURVEY	Of verse side)	LC-030	0174 (b)			
SUNDRY NOTION (Do not use this form for proposa Use "APPLICAT	6. IF INDIAN,	6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
OIL GAS OTHER		- 1027	7. UNIT AGREE	MENT NAME			
2. NAME OF OPERATOR			8. FARM OR LE	ASE NAME			
TEXACO INC.	W.H. RHODES B NCT-1						
3. ADDRESS OF OPERATOR	9. WELL NO.						
P. O. BOX 728, HOBB		2					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)				10. FIELD AND POOL, OR WILDCAT			
At surface 2970 FNL &	RHODES	RHODES YATES					
T-26-S, R-3' COUNTY, NEW	11. SEC., T., R., M., OR BLE. AND SURVEY OR ABEA SEC. 27, T-26S, R-37E						
14. PERMIT NO.	15. ELEVATIONS (Show whether DF.	RT, GR, etc.)	12. COUNTY OF	PARISH 13. STATE			
REGULAR 2988' (GR)			LEA	NEW MEXIC	CO		
16. Check App	propriate Box To Indicate No	ature of Notice, Report, or	Other Data				
NOTICE OF INTENTION TO:				:			
TEST WATER SHUT-OFF	CLL OR ALTER CASING	WATER SHUT-OFF	REP	AIRING WELL			
FRACTURE TREAT M	ULTIPLE COMPLETE	FRACTURE TREATMENT	ALT	ERING CASING			
SHOOT OR ACIDIZE	BANDON*	SHOOTING OR ACIDIZING		NDONMENT*			
REPAIR WELL CE	HANGE PLANS	(Other) CLEAN C	OUT WELL	X			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\*

- RIG UP. INSTALL BOP. PULL PRODUCTION EQUIPMENT. SPOT 110 GAL. NOCOR 851 (CA SO4 DISPERANT) MIXED W/20 BBL. PRODUCED WATER ACROSS PRODUCING INTERVAL.
- UNABLE TO PULL LINER.

- CLEAN OUT OPEN HOLE TO 3275' (TD).
  INSTALL PRODUCTION EQUIPMENT. TEST & RETURN TO PRODUCTION. ON 24 HR.
  POTENTIAL TEST ENDING 8/10/77, WELL PUMPED 2 BO & 17 BW, GOR TSTM.
  JOB COMPLETE 10:00 A.M., 8/10/77.

7/1/1/2						
18. I hereby certify that the foregoing is true and correct	TITLE	ASST	DISTRICT	SIIPT		8/12/77
(This space for Federal or State office use)	TITLE _				AGGESTED	FOR RECORD
APPROVED BY	TITLE				MUGEPIEU	FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:	TITLE -				AUG	<u>25 1977</u>
					U. S. GEORG	GICAL SURVEY
*!	See Instruct	tions on Re	verse Side		HOBBS, N	NEW MEXICO

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