

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030174

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Texaco Inc.		8. FARM OR LEASE NAME W.H. Rhodes B, NCT-1	
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, NM 88240		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 2970' FNL & 2310' FEL of Section 27, T-26-S, R-37-E, Unit Letter "J", Lea County, New Mexico.		10. FIELD AND POOL, OR WILDCAT Rhodes Yates	
14. PERMIT NO. Regular		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27, T-26-S, R-37-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2988' (GR)		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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. Rig up. Install BOP. Pull pumping equipment.
2. Clean out w/sand pump to 3275' (TD).
3. Set packer @ 3045'.
4. Acidize through liner slots 3200'-3264' as follows:
 - a. 500 gal 15% HCL w/.2% EZEFL0 (Surface Tension Reducer).
 - b. 750 gal 12.6 Mud Acid w/10% U-66 (HCL/HF Acid w/wetting & paraffin agent).
 - c. 500 gal 3% HCL w/.2% EZEFL0.
 - d. 1000 gal 3% HCL w/.2% EZEFL0.
 - e. Flush w/75 bbl 2% KCL water.
5. Swab.
6. Install pumping equipment. Test and return to production.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 10/6/76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 8 1976

BERNARD MOROZ
DISTRICT ENGINEER

*See Instructions on Reverse Side