Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30 - 025 - 12063 ✓

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B- 1431

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: RHODES YATES UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Water Injection Well

2. Name of Operator: Texaco Exploration and Production Inc.

8. Well No. 7

3. Address of Operator: P. O. Box 730 Hobbs, NM 88240

9. Pool name or Wildcat: RHODES YATES SEVEN RIVERS

4. Well Location
Unit Letter F : 1650 Feet From The NORTH Line and 2310 Feet From The WEST Line
Section 27 Township 26-S Range 37-E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*) 2980' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: [ ]	

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

1) Clean out to 3268'. Fill OH w/sand, set hydromite plug @ 3177'.
2) Frac interval (perfs 3090'-3110'& OH 3115'-3187') w/30k X-L gel & 71k sand.
3) Clean out to 3262'.
4) Run IPC injection tubing, set packer @ 2950', casing integrity test OK 320# 30 min. Held OK. (NMOCD representative Mr. Charlie Perrin witness - chart copy on reverse side)
5) Return well to injection - Test 02-16-93 Inj. 333 BWPD @ 1160#

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE L.W. Johnson TITLE Engr Asst DATE 03-03-93

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. 397-0426

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 10 1993

CONDITIONS OF APPROVAL, IF ANY: