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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1431	
7. Unit Agreement Name Rhodes Yates Unit	
8. Farm or Lease Name Rhodes Yates Unit	
9. Well No. 6	
10. Field and Pool, or Wildcat Rhodes Yates	
12. County Lea	

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 26-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 2996' (GR)

16.

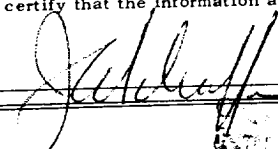
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:


PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. 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. Rig up. Pull production equipment.
2. Clean out well.
3. Acidize open hole 3110'-3260' w/500 gal 15% NE Acid followed w/ 750 gal super mud acid w/10% U-66 followed w/500 gal. 3% NE Acid. Continue treatment w/1000 gal 3% NE Acid w/20 gal clay stabilizer & 9 gal surfactant.
4. Flushed w/96 Bbls 2% KCL Water.
5. Install Pumping Equipment. Test and return to production.

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

SIGNED  TITLE Asst. Dist. Supt. DATE 3-11-76

APPROVED BY  TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: