

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC 030174B
2. Name of Operator Texaco Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 730, Hobbs, NM 88240 (505) 393-7191	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' Unit Letter G; 1630' FNL & 1650' FEL Sec. 27, T-26-S, R-37-E	8. Well Name and No. W. H. Rhodes "B" Fed. NCT-1#1
	9. API Well No. 3002512067
	10. Field and Pool, or Exploratory Area Rhodes Yates 7 R
	11. County or Parish, State Lea

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	<u>Status Change</u> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Well uneconomical to produce

- 1) 04/04/90 - Pld Down Hole Production Equipment. Set CIBP @ 2975'.
- 2) 04/05/90 - Ld hle w/inhibited wtr. Instld WH w/1 jt 2-7/8" tbg & valve.
- 3) Evaluate for w/o

APR 9 1991

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

Signed <u>W. H. Johnson</u>	Title <u>Engr. Asst.</u>	Date <u>03/28/91</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side