

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-030174-B</u>
2. NAME OF OPERATOR <u>Texaco Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 728, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <u>1650' FNL &amp; 1650' FEL (Unit Letter G)</u>		8. FARM OR LEASE NAME <u>W. H. Rhodes "B" Fed NCT-1</u>
14. PERMIT NO.		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  <u>2991' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Rhodes Yates</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 27, T-26-S, R-37-E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>New Mexico</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <u>Shut-In Extension</u> <input checked="" type="checkbox"/>		(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.)\*

REMARKS

1. Well Status - Shut-In.
2. Temporary Abandonment Date - April 9, 1986.
3. Reason for Abandonment - Uneconomical to Produce.
4. Future Plans - Held for Remedial Work.
5. Date of Future Workover or Plugging - 2nd Quarter 1988.

APPROVED FOR 12 MONTH PERIOD

ENDING 04-07-88

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

SIGNED <u>L. J. Seeman</u>	TITLE <u>L. J. Seeman Dist. Petr. Engr.</u>	DATE <u>4/07/87</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>AREA MANAGER CARLSBAD RESOURCE AREA</u>	DATE <u>4-13-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side