

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
Texaco Inc.
3. ADDRESS OF OPERATOR  
P. O. Box 728, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FNL & 1650' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: (Unit Letter 'G')
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☒  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

- ☐  
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U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
LC-030174 (2)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
W. H. Rhodes 'B' NCT-1
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Rhodes Yates
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 27, T-26-S, R-37-E
12. COUNTY OR PARISH  
Lea
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
2991' (GR)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 production equipment & tubing.
2. Set RBP @ approx. 3040'. Load hole. Log well. Check f/csg. leak.
3. Evaluate & recommend cement squeeze procedure. Cement squeeze.
- 4.. Clean out. Pull RBP.
5. Install production equipment. Test & return to production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Supt DATE 2-7-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

