UNITER

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	LC-030174(2) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME - 8. FARM OR LEASE NAME
1. oil gas other 2. NAME OF OPERATOR TEXACO Inc.	W. H. Rhodes B NCT-1 9. WELL NO. 1
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Rhodes Yates
P. O. Box 728, Hobbs, New Mexico88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-26-S, R-37-E
AT SURFACE: 1650' FNL & 1650' FEL AT TOP PROD. INTERVAL: (Unit Letter G) AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Lea New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	AL SURVEY
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is discussed and true vertical depths for all markers and zones pertinent igged up. Pull rods & pump. Install BOSSET RBP @ 3027'. Test casing for leaks.	rectionally drilled, give subsurface locations and to this work.)* P. Pull tubing.

1. Rig 2. Se

Se RBP.

Perforate 7" csg w/2-JS @ 2580'.

Set cement retainer @ 2465'. Squeeze 7" csg. perfs. w/500 sx Class 'H'

cement & 100 sx Class 'C' Cement. Log well.
Perforate 7" csg w/2-JS @ 1580'. Set cement retainer @ 1500'. w/500 sx Class 'H' Cement followed w/100 sx Class 'C' Cement. Circulated Cement.

DOC & retainer. Tested 7" csg. w/1000# for 30 minutes, 9:30 - 10:00 AM, 7-16-79. Tested OK. Tested OK.

Install pumping equipment.

On 24 Hr. Potential Test ending 8-16-79, well pumped 60 Bbls. Oil 437 Bbls. Water, GOR 300. Return to produ Return to production. Subsurface Safety Valve: Manu. and Type _

18. I hereby certify/that the foregoing is true and correct TITLE Asst. Dist. Suptage SIGNED (This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

*See Instructions on Reverse Side

U. S. GEOLOGICAL SÚRVÉY HOBBS, NEW MEXICO