

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

LC-030174 (b)

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

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/>         | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>              | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>                 | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>                     |   |

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input 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.)\*

1. Pull production equipment. Install BOP.
2. Clean out to TD of 3280'.
3. Set packer @ 3050'.
4. Acidize open hole section 3071'-3280' as follows:
  - a. 500 gal. 15% NE Acid.
  - b. 750 gal. Super Mud Acid w/10% U-66 Stabilizer.
  - c. 300 gal. 3% NE Acid.
  - d. 1000 gal. 3% NE Acid w/clay stabilizer.
  - e. Flush w/75 Bbl. 2% KCL Water.
5. Install production equipment. Test & return to production.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE May 17, 1976

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

APPROVED  
MAY 20 1976  
BERNARD MORSE  
ACTING DISTRICT ENGINEER