

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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: ☐ OIL WELL ☐ GAS WELL ☒ OTHER injector
2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.
3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The
EAST Line Section 28 Township 26S Range 37E

5. Lease Designation and Serial No.
LC 0301748
6. If Indian, Alottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and Number
RHODES, W. H. -B- FED. NCT-2
3
9. API Well No.
30 025 12075
10. Field and Pool, Exploratory Area
RHODES YATES SEVEN RIVERS
11. County or Parish, State
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

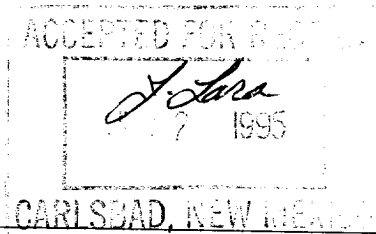
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(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.)

12/31/93: MIRU Xpert. TOH with production equipment.
01/07/94: Cleaned out to 3325'.
01/10/94: Perforated 5-1/2" casing with 2 jsfp on the interval 3018'-3098' (36 holes).
01/11/94: Acid treated perforations with 9000 gallons acid +3000# rocksalt Pmax = 2230psi.
01/12/94: TOH with treating packer. TIH with packer and set @ 2970'.
05/09/95: Pressure tested casing and packer to 500 psi for 30 minutes <held>.

The original pressure chart was sent to the NMOCD. A copy can be found on the reverse side of this form.



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

SIGNATURE [Signature] TITLE Engineering Assistant DATE 5/18/95
TYPE OR PRINT NAME Darrell J. Carriger

(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.

