

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030174 (b)

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 "APPLICATION FOR PERMIT—" 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 and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FSL & 660' FEL of Section 28,
T-26-S, R-37-E, Unit Letter 'I', Lea County,
New Mexico.

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2983 (DF)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W.H. Rhodes 'B'

Fed NCT-2

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Rhodes Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREASec 28, T-26-S,
R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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. Rig up, install BOP, pull pumping equipment.
2. Tag TD 3330', no fill.
3. Set packer @ 3115' w/200' Tail pipe.
4. Acidize Pay interval (3288'- 3330') with following:
 - a. 500 gal 15% NE Acid w/.2% EZEFL0- Surface Tension Reducer.
 - b. 750 gal Mud Acid.
 - c. 500 gal 3% HCL w/.2%EZEFL0.
 - d. 1000 gal 3% NCL w.2% EZEFL0.
 - e. Flush w/150 bbl 2% KCL water.
5. Swab Acid Residue.
6. Install pumping equipment.
7. On 24 hr Potential Test well pumped 34 BO and 0 water. GOR 225 return to production.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 12-14-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DEC 14 1976

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side