

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(*Other instructions on reverse 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 TEXACO Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME NCT-2 W.H. Rhodes 'B' Federal
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.		9. WELL NO. 3
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2983 (DF)	10. FIELD AND POOL, OR WILDCAT Rhodes Yates
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-26-S, R-37-E
		12. COUNTY OR PARISH Lea
		13. STATE 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. Rig Up. Install BOP, pull pumping equipment.
2. Clean out w/sand pump to TD (3330').
3. Set packer @ 3100' w/200' Tail Pipe.
4. Acidize pay interval (3288'-3330') with following:
 - a. 500 gal. 15% HCL w/.2% EZEFL0 - Surface Tension Reducer.
 - b. 750 gal. Mud Acid.
 - c. 500 gal. 3% HCL w/.2% EZEFL0.
 - d. 1000 gal. 3% HCL w/.2% EZEFL0.
 - e. Flush w/75 Bbl. 2% KCL Water.
5. Swab Acid Residue
6. Install pumping equipment. Test & return to production.

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

SIGNED [Signature]

TITLE Asst. Dist. Supt.

DATE 6-22-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

JUN 29 1976

BERNARD MOROZ

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side