

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

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. See space 17 below.)

AT SURFACE: 864' FWL & 1980' FNL
AT TOP PROD. INTERVAL (Unit Letter 'E')
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

LC-030174-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

W. H. Rhodes 'B' Fed. NCT-1

9. WELL NO.

14

10. FIELD OR WILDCAT NAME

Rhodes Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26, T-26-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

2995' (DF)

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. Rigged up. Pulled pump & rods. Install BOP. Clean out to 3263'.
2. Set pkr. @ 3065'. Acidize perms. 3160' - 3240' w/2000 gal. 15% NE acid in 3 stages using rock salt between stages. Flushed with 34 bbls. water.
3. Install pumping equipment.
4. On 24 Hr. potential test ending 8-7-79, well pumped 76 BO & 210 BW, GOR 125.
5. Return to production.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

[Signature]

TITLE

Asst. Dist. Supt.

DATE

8-9-79

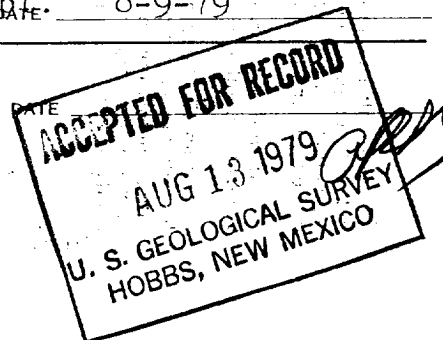
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



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