

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

U.S. GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-030174-B
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1980' from the North Line, and 864' from the West Line of Section 26, T-26-S, R-37-E, Lea County, N. M.		8. FARM OR LEASE NAME W. H. Rhodes "b" NCT-1
14. PERMIT NO. Regular		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2985' (GR)		10. FIELD AND POOL, OR WILDCAT Rhodes
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26, T-26-S, R-37-E
		12. COUNTY OR PARISH Lea
		13. STATE N. M.

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 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 checked="" 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.)*

Total Depth - 1200'
Spudded 9 7/8" Hole at 6:30 A. M. December 23, 1966

Ran 1186' of 7 5/8" O. D. Casing, 15.28 LB, Spiral Weld, NEW, and cemented at 1200' with 600 Sx. Class "C" cement. Plug at 1170'. Job complete 4:15 A. M. December 29, 1966.

Tested 7 5/8" O. D. Casing for 30 minutes with 600 P. S. I. from 5:00 A. M. to 5:30 A. M. December 30, 1966. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 6:30 A. M. to 7:00 A. M. December 30, 1966. Tested O. K. Job complete 7:00 A. M. December 30, 1966.

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

SIGNED Dan Gillett TITLE Assistant District Superintendent DATE December 30, 1966
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE APPROVED DATE _____

*See Instructions on Reverse Side

JAN 3 1967
J. L. GORDON
ACTING DISTRICT ENGINEER