

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instructions
verse side)TE
PCForm approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-030174-'b'

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

W. H. Rhodes 'b' NCT-1

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Rhodes

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

Sec. 27, T-26-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

Well located 660' from the North Line, and 660' from the
East Line of Section 27, T-26-S, R-37-E, Lea County, New Mexico

14. PERMIT NO.

Regular

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

2994' (DF)

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

X

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 perti-
nent to this work.)*

Original temporary abandonment approval granted May 10, 1967. This well is currently temporarily abandoned and continues to be held for possible secondary recovery operations. Request approval for this well to remain on temporary abandonment status.

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

SIGNED

J. G. BLEVINS, Jr.

(This space for federal or state office use)

TITLE Asst. District Superintendent DATE October 16, 1967

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side