Form 9-331 (May 1963)	UNITE STA DEPARTMENT ربة TH GEOLOGICAL S	e interi		Budg	approved. et Bureau No. 42-R1424. BNATION AND BERIAL NO. 74-#6#	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen pr plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)				6. IF INDIAN, A	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1.				7. UNIT AGREE	7. UNIT AGREEMENT NAME	
OIL CAS WELL WELL OTHER				NONE	NONE 8. FARM OR LEASE NAME	
2. NAME OF OPERATOR TEXACO Inc.				W.H. Rho	W.H. Rhodes "b" NCT-1	
8. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico				9. WELL NO.		
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</li> </ol>				10. FIELD AND Rhodes	POOL, OB WILDCAT	
Well located 660' from the North Line, and 660' from the East Line of Section 27, T-26-S, R-37-E, Lea County, N. M.					, M., OR BLE. AND OR ARDA T-26-S,R-37-E	
14. PERMIT NO. 15. ELEVATION		is (Show whether DF, RT, GR, etc.)		12. COUNTY OF	PARISH 13. STATE	
Regular	2994' (D. F.)		Lea	N. M.		
16.	Check Appropriate Box To	o Indicate N	lature of Notice, Report, or	Other Data		
NO	TICE OF INTENTION TO:		SUBSEC	QUENT REPORT OF	<b>;</b>	
TEST WATER SHUT-OFF	PULL OR ALTER CASIN	1G	WATER SHUT-OFF	REP	AIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALT	ERING CANING	
SHOOT OR ACIDIZE	ABANDON * TEMP,	X	SHOOTING OR ACIDIZING	ABA	NDONMENT*	
REPAIR WELL	CHANGE PLANS		(Other)			
(Other)	· · · · · · · · · · · · · · · · · · ·		Completion or Recom	ults of multiple completion on Well ompletion Report and Log form.) ites, including estimated date of starting an rtical depths for all markers and zones pert		
	effective 7 be held for	:00 A. M. Secondar	mporarily Abandon sub May 1, 1967. This ry Recovery for a pe- ces will be filed with	well will riod of tim	ne, fice,	
	and the New	Mexico	Dil Conservation Com	mission.		
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18. I hereby certify that the	he foregoing is true and correct	A	ssistant District Su	pt.	May 9, 1967	
signedDa	n Gillett	TITLD		DATE		
(This space for Federa	l or State office use)			5 F		
APPROVED BY CONDITIONS OF APP	BOVAL, IF ANT :	TITLE	No Capita	DATE_	<u> </u>	
	*Se	e Instruction	s on Reverse Side	i∎ entif		
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