

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved
Budget Bureau
COPY TO O.C.C.
J. 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		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 W. H. Rhodes B Fed. NCT -1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL of Section 26, T-26-S, R-37-E, Unit Letter 'F', Lea County, New Mexico		9. WELL NO. 16
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Rhodes Yates
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2993' (GR)		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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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"/>	

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 checked="" type="checkbox"/> Perforate & Treat	

(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 3300'
8 5/8" OD 24# k-55 Csg Set @ 670'
4 1/2" OD 10.50# K-55 Csg Set @ 3330'
1. Perforate 4 1/2" OD Csg w/2-J3PF @ 3130', 41, 54, 66, & 3174'
 2. Ran straddle pkr. and acidize perf. 3174' w/200 gal & perf. 3166' w/200 gal. 15% NE acid.
 3. Set pkr. @ 3080'. Acidize perforations 3130' - 3174' w/800 gal 15% NE acid.
 4. Frac perforations 3130' - 3174' w/5000 gal. gelled water, 5000 gals. CO₂, 1000 gal. treated water & 19,000 # 20/40 sand. Job complete 9:50 A.M., 6-20-77.
 5. Set pkr. @ 3107'. Injection rate 3.3 BPM @ 900#.
 6. Completed as water injection well 6-28-77.

RECEIVED

JUL 1 1977

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 6-29-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

JUL 1 1977

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

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JUL 12 1977

OIL CONSERVATION COMM.
HOBBS, N. M.

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