

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

COPY TO O. C. C.  
Form approved.  
Budget Bureau No. 42-R1424.

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 660' FNL & 660' FWL of Section 26, T-26-S,  R-37-E, Unit Letter 'D', Lea County, New Mexico		9. WELL NO. 17	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2992' (GR)	
		10. FIELD AND POOL, OR WILDCAT 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

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"/>		<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) Perforate & Treat	<input checked="" type="checkbox"/>		<input checked="" 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 3250'  
8 5/8" OD 24# K-55 Csg set @ 671'  
4 1/2" OD 10.50# K-55 Csg set @ 3250'

1. Perforate 4 1/2" OD Csg w/2-JSPF @ 3149', 61' & 3178'.
2. Ran straddle pkr & acidized perf. 3178' w/500 gal. 15 NE Acid, perf. 3161' w/500 gal. 15% NE Acid, & 3149' w/500 gal. 15% NE Acid.
3. Set pkr. @ 3123'. Injection rate 5.5 BWPM @ 600#.
4. Completed as water injection 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 [Signature]

TITLE Asst. Dist. Supt.

DATE 6-29-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

JUL 1 1977

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side

ARIZONA (C) 1978

JUL 12 1977  
OIL CONSERVATION COMMISSION  
HOBBS, N. M.