

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u></p> <p>2. NAME OF OPERATOR <u>TEXACO Inc.</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 728 Hobbs, New Mexico 88240</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>3300' FNL & 1980' FEL of Section 26,</u> At surface <u>T-26-S, R-37-E, Unit Letter 'J', Lea County,</u> <u>New Mexico.</u></p> <p>14. PERMIT NO. <u>Regular</u></p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <u>LC-030174 (b)</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME -</p> <p>7. UNIT AGREEMENT NAME -</p> <p>8. FARM OR LEASE NAME <u>W.H. Rhodes B Fed NCT-1</u></p> <p>9. WELL NO. <u>19</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Rhodes Yates</u></p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>Sec 26, T-26-S, R-37-E</u></p> <p>12. COUNTY OR PARISH <u>Lea</u> 13. STATE <u>New Mexico</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>2995' (GR)</u></p>		

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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" 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.)*

1. Rig Up. Install BOP.
2. Acidize 4-1/2" csg perforations 3155'-3182' w/3000 gal 15% NE Acid containing iron sequestering agent & clay stablizer in 3-stages using 120# rock salt between stages. Flush w/20 bbls wtr.
3. Install injection equipment.
4. Injected 121 BWPD @ 1100#. Return to injection.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 3-23-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAR 30 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side