

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other Water Injection

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FEL & 3300' FNL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: (Unit Ltr. "J")

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC-030174 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
W. H. Rhodes B Fed. NCT-1

9. WELL NO.
19

10. FIELD OR WILDCAT NAME
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

14. API NO.

15. ELEVATIONS (SHOW DEPTH, KDB, AND WD)
2995' (GR)

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

RECEIVED
DEC 18 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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. Rigged up. Pull pkr. & tubing.
2. Set pkr. @ 3070'. Frac. 4 1/2" csg. perfs. 3155'-3182' w/ 10,000 gal. polymer gel containing 2000 # 100 mesh sand & 15,000 # 20/40 sand. Flush w/ 20% KCL water.
3. Clean out.
4. Run injection tubing w/ pkr. & set @ 3109'.
5. Tested @ 450 Bbl. wtr. injected per day @ 700 #. Job complete 12-14-78.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

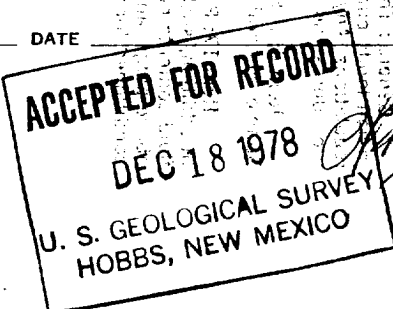
SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 12-15-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



SECRET
NO FORN DISSEM
NO UNCLASSIFIED

REF ID

SEP 19 1978

COMMUNICATIONS COMM
F. B. I.