

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
LC-030174 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W.H. Rhodes 'B' Federal NCT-2

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Rhodes Yates

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 28, T-26-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mex.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
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 and in accordance with any State requirements.\*  
See also space 17 below.) 660' FSL & 660' FEL of Section 28,  
At surface T-26-S, R-37-E, Unit letter 'P', Lea County,  
New Mexico

14. PERMIT NO.  
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2965 (GR)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)\*

Spud 12 1/4" Hole 6:30 P.M., 1-19-78  
Total Depth 655'

1. Ran 641' (16 Jts.) 8 5/8" OD 24# K-55 csg & set @ 655'.
2. Cemented w/500 sx Class 'C' cement. Cement circulated. Job complete.  
2:30 P.M., 1-20-78. WOC 19 Hrs.
3. Tested 8 5/8" OD csg w/300# for 30 minutes. 9:30 - 10:00 A.M., 1-21-78.  
Tested OK. Job complete 10:00 A.M., 1-21-78.

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

SIGNED

Asst, Dist. Supt.

TITLE

DATE

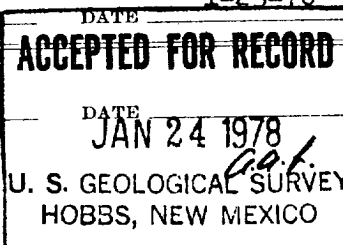
1-23-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

000000 801 0371000  
JAN 1 1978  
OIL CONSERVATION COMM.  
HOBBS, N. M.

RECEIVED

JAN 1 1978  
OIL CONSERVATION COMM.  
HOBBS, N. M.