

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 ☐

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: 660' FSL & 1880' FEL

AT TOP PROD. INTERVAL: (Unit Letter 'O')

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Commence Drilling Operations

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, 9:00 PM, 9-17-84
TOTAL DEPTH 650'

1. RAN 638' 8 5/8" OD 24# J-55 CASING AND SET @ 650'.

2. CEMENTED W/150 SX CLASS H CEMENT CONTAINING 2% GEL FOLLOWED W/500 SX CLASS H CEMENT CONTAINING 2% CACL. CEMENT CIRCULATED. JOB COMPLETE 6:30 AM, 9-19-84. WOC 18 HRS.

3. TESTED 8 5/8" CSG TO 600# FOR 30 MINUTES, 12:30-1:00 AM, 9-20-84. TESTED OK. JOB COMPLETE 1:00 AM, 9-20-84.

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

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

SIGNED _____ TITLE Asst. Dist. Mgr. DATE 9-24-84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:
SEP 28 1984

Carlsbad NEW MEXICO *See Instructions on Reverse Side

5. LEASE

LC-030174 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

W.H. Rhodes Federal NCT-2

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

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 Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2966' (GR)

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