

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-25741	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. (915) 688-4620		8. FARM OR LEASE NAME RHODES YATES UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1360' FSL & 50' FWL, UNIT LETTER L.		9. WELL NO. 18	
		10. FIELD AND POOL, OR WILDCAT RHODES YATES SEVEN RIVERS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27, T-26-S, R-37-E	
14. PERMIT NO. API #30-025-32094	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2966'	12. COUNTY OR PARISH LEA	13. STATE NM

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) CHANGE WELL NAME <input checked="" 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 type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) _____	

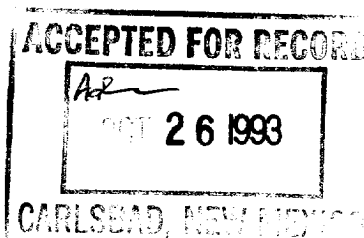
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

AS PART OF THE LEASE-LINE AGREEMENT BEING PROCESSED AT THIS TIME, THE NAME OF THIS WELL IS BEING CHANGED:

THE NEW NAME IS: RHODES YATES COOP FED. COM-3 WELL No. 1

ATTACHED IS A NEW PLAT (FORM C-102) SHOWING THE REVISED NAME AND REVISED DEDICATED ACREAGE.



OCT 26 1993
CARLSBAD, NEW MEXICO

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

SIGNED C. P. Basham / cwh TITLE DRILLING OPERATIONS MANAGER DATE 10-04-93

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side