

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
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. <b>LC-030174 B</b>	
2. NAME OF OPERATOR <b>TEXACO EXPLORATION AND PRODUCTION INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P. O. Box 3109, Midland, TX 79702</b>		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. <b>(915) 688-4620</b>		8. FARM OR LEASE NAME <b>W.H. RHODES FED 'B' NCT-1</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1572' FSL &amp; 2375' FEL, UNIT LETTER J.</b>		9. WELL NO. <b>22</b>	
		10. FIELD AND POOL, OR WILDCAT <b>RHODES YATES SEVEN RIVERS</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 27, T-26-S, R-37-E</b>	
14. PERMIT NO. <b>API #30-025-32095</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>GR-2976'</b>	12. COUNTY OR PARISH <b>LEA</b>	13. STATE <b>NM</b>

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) <b>CHANGE WELL NAME</b> <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) <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.)\*

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 NCT COOP FED. COM-1 WELL No. 1

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

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

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

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Shannon J. Shaw TITLE PETROLEUM ENGINEER DATE 11/1/93

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

RECEIVED  
OCT 11 1993  
BLM ROSWELL DISTRICT