

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0426

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter E : 2583 Feet From The N Line and 55 Feet From The
W Line Section 26 Township 26-S Range 37-E

5. Lease Designation and Serial No.
LC 030174B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
RHODES, W. H. -B- FED. NCT-1
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9. API Well No.
30 025 32097

10. Field and Pool, Exploratory Area
RHODES YATES SEVEN RIVERS

11. County or Parish, State
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

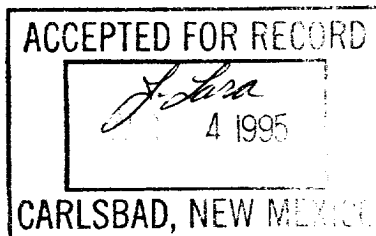
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: <u>cleaned, scale sqz, acid stim.</u>	<input type="checkbox"/> Dispose Water

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

13. 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.)

07/26/94: MIRU
07/27/94: Installed BOP. TIH with packer and sat @ 3200'.
07/28/94: Moved packer to 2897'. Acid stimulated perforations with 6000 gallons 15% NEFE using ball sealers. Pmax=4100psi, Pmin=500psi, ISIP=350psi, AIR=3 BPM.
07/29/94: Scale squeezed perforations with 4 drums Techni-hib 793 mixed in 45 bbls produced water.
08/01/94: TOH with packer, Clean out formation sand from 3202' - 3338'. TIH with 2-7/8" tubing (sn @ 3241').
08/02/94: TOH with all rods. Ran 2.5"x1.75"x22' pump.

08/11/94: Final test: 24 hours, 33 BO, 304 BW, 21 MCF.



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

SIGNATURE *Darrell J. Carriger* TITLE Engineering Assistant DATE 3/7/95

TYPE OR PRINT NAME Darrell J. Carriger

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

[illegible]

100-443887-100