

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. LC-030174 B	
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 W. H. RHODES 'B' NCT-1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2583' FNL & 55' FWL, UNIT LETTER E, SW/NW		9. WELL NO. 23	
		10. FIELD AND POOL, OR WILDCAT RHODES YATES SEVEN RIVERS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 26, T-26-S, R-37-E	
14. PERMIT NO. API #30-025-32097	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2984', KB-2994'	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) <input type="checkbox"/>	

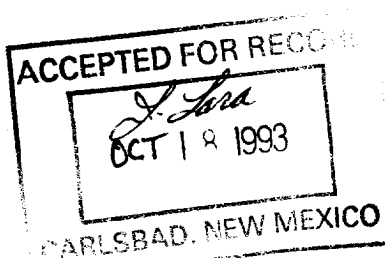
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) COMPLETION <input checked="" 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.)*

1. MIRU SERVICE UNIT. CLEAN OUT TO PBDT OF 3338'. TESTED CASING TO 3000' FOR 30 MINUTES 09-29-93.
2. SPOTTED 300 GAL OF 10% ACETIC FROM 3178' TO 3206'. HLS PERFED WITH 4 JSPF: 3178' TO 3206'. 112 HOLES.
3. DOWELL FRACED WITH 42000 GAL XLG 2% KCL WATER AND 204000# OF 12/20 SAND. 10-01-93.
4. TIH AND CLEANED OUT SAND. FLOWED 30 BO AND 238 BLW IN 15 HOURS 10-05-93.
5. TIH WITH 2 7/8 TUBING, PUMP AND RODS. SEATING NIPPLE @ 3072'.
6. PUMPED 24 HOURS ON POTENTIAL TEST 10-10-93. RECOVERED 50 BO, 79 BW, & 11 MCYPD.



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

SIGNED C. P. Basham / cwh

TITLE DRILLING OPERATIONS MANAGER

DATE 10-11-93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side