

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
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(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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-030174
N.M. OIL & GAS COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
6. CLLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. FARM OR LEASE NAME W. H. RHODES/B' NCT-1	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		9. WELL NO. 25	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702	3a. AREA CODE & PHONE NO. (915) 688-4620	10. FIELD AND POOL, OR WILDCAT RHODES YATES SEVEN RIVERS	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1156' FNL & 1155' FEL, UNIT LETTER A, NE/NE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27, T-26-S, R-37-E	
14. PERMIT NO. API #30-025-32099	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2981', KB-2991'	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"/>	

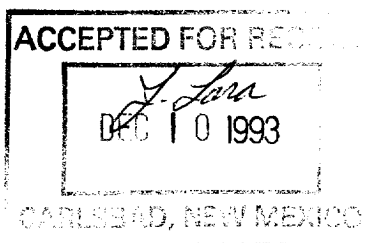
SUBSEQUENT REPORT OF:

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. TIH WITH SLICK LINE AND TAGGED PBTD @ 3297'. TESTED CASING TO 3000# FOR 30 MINUTES 10-14-93.
2. HLS PERFED WITH 4 JSPF: 3154-3180. 104 HOLES.
3. DOWELL PUMPED 2500 GAL OF 2% KLC. FRAC WITH 21450 GAL XLG WITH 24000# 12/20 SAND. 10-18-93.
4. WELL FLOWED 15 BO AND 390 BW IN 24 HOURS 10-24-93.
5. TIH WITH 2 7/8 TUBING. CLEANED OUT SAND. SET TUBING @ 3144'.
6. TIH WITH PUM AND RODS. PUMED 24 HOURS 10-31-93. RECOVERED 7 BO, 442 BW AND 3 MCFL.
7. CHANGED OUT PUMPING UNITS 11-14-93. CHANGED OUT PUMP 11-17-93.
8. PUMPED 24 HOURS ON POTENTIAL TEST 11-27-93. RECOVERED 18 BO, 594 BW, AND 30 MCFL.



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DEC 17 5 33 AM '93
CARLSBAD, NEW MEXICO

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

SIGNED C.P. Basham /cwh TITLE DRILLING OPERATIONS MANAGER DATE 11-29-93

(This space for Federal or State office use)

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

*See Instructions on Reverse Side