

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

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

N.M. CONTACT RECEIVING
OFFICE FOR NUMBER
P.O. BOX 800
HOBBBS, NEW MEXICO 88240
COMMISSION

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.)

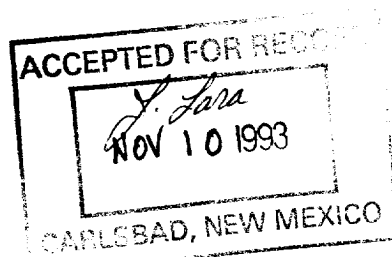
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		8. FARM OR LEASE NAME W. H. RHODES 'B' NCT-1	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		3a. AREA CODE & PHONE NO. (915) 688-4620	9. WELL NO. 28
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2589' FSL & 1416' FWL, UNIT LETTER K, NE/SW		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 #30-025-32100	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2990', KB-3000'	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) PRODUCTION CASING <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.)*

1. DRILLED 7 7/8 HOLE TO 3325'. TD @ 11:00 AM 10-15-93.
2. HLS RAN GR-DLL-MSFL-CSL AND GR-DSN-SDL FROM 3325' TO 2650'. PULLED GR-DSN TO SURFACE.
3. RAN 76 JTS OF 5 1/2, 15.5#, WC-50, LTC CASING SET @ 3325'. RAN 12 CENTRALIZERS.
4. DOWELL CEMENTED WITH 550 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT, 1/4# FLOCELE @ 12.8 PPG, F/B 250 SACKS CLASS H w/ 2% CACL2 @ 15.6 PPG. PLUG DOWN @ 5:10 AM 10-16-93. CIRCULATED 17 SACKS.
5. ND. RELEASE RIG @ 9:30 AM 10-16-93.
6. PREP TO COMPLETE.



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OCT 15 1993
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18. I hereby certify that the foregoing is true and correct

SIGNED C.P. Basham / cwt TITLE DRILLING OPERATIONS MANAGER DATE 10-18-93

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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.

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JAN 15 1965
OFFICE