

UNIT 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.
NMO60-3160-4

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 A	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.M. OIL CONS. COMMISSION P.O. BOX 1980	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		7. UNIT AGREEMENT NAME HOBBS, NEW MEXICO 88240	
3a. AREA CODE & PHONE NO. (915) 688-4620		8. FARM OR LEASE NAME W. H. RHODES FEDERAL 'A'	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1330' FSL & 1200' FWL, UNIT LETTER L, NW/SW		9. WELL NO. 7	
		10. FIELD AND POOL, OR WILDCAT RHODES YATES SEVEN RIVERS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 22, T-26-S, R-37-E	
14. PERMIT NO. API #30-025-32102	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2977'	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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) CHANGE SURFACE CASING SET DEPTH ☐

PULL OR ALTER CASING ☒

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

SURFACE CASING WILL BE SET AT 700' INSTEAD OF 1120' AND CEMENTED TO SURFACE WITH 250 SACKS CLASS C w/ 4% GEL & 2% CACL2 (13.5PPG, 1.74 CF/S, 9.1 GW/S). F/B 200 SACKS CLASS C w/ 2% CACL2 (14.8PPG, 1.32 CF/S, 6.3 GW/S).

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

SIGNED

C.P. Basham /cwh

TITLE

DRILLING OPERATIONS MANAGER

DATE

01-24-94

(This space for Federal or State office use)

Orig. Signed by Adnan Salameh

APPROVED BY

TITLE

Drilling Engineer

DATE

2/9/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side