

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on rev  
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. <b>LC-030174 B</b>	
2. NAME OF OPERATOR <b>TEXACO EXPLORATION AND PRODUCTION INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>N.M. OIL CONS. COMMISSION</b> <b>P.O. BOX 1980</b>	
3. ADDRESS OF OPERATOR <b>P. O. Box 3109, Midland, TX 79702</b>		7. UNIT AGREEMENT NAME <b>HOBBS, NEW MEXICO 88240</b>	
3a. AREA CODE & PHONE NO. <b>(915) 688-4620</b>		8. FARM OR LEASE NAME <b>W.H.RHODES FED. 'B' NCT-1</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>2528' FNL &amp; 1246' FEL, UNIT LETTER H, SE/NE</b>		9. WELL NO. <b>29</b>	
		10. FIELD AND POOL, OR WILDCAT <b>RHODES YATES SEVEN RIVERS</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 27, T-26-S, R-37-E</b>	
14. PERMIT NO. <b>API #30-025-32109</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>GR-2980'</b>	12. COUNTY OR PARISH <b>LEA</b>	13. STATE <b>NM</b>

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 checked="" 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 checked="" type="checkbox"/>
(Other) CHANGE SURFACE CASING SET DEPTH <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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

**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)

APPROVED BY Only Planned by Adam Salamieh TITLE Petroleum Engineer DATE 2/9/94  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side