

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRE  
(Other instructions on r. 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.)

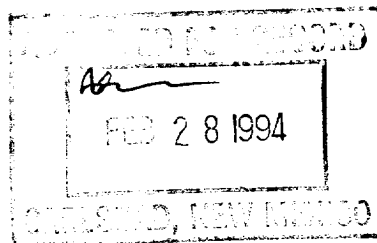
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-030174 B	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N.M. OIL CONS. COMMISSION P.O. BOX 1980	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		7. HOBBS, NEW MEXICO 88240	
3a. AREA CODE & PHONE NO. (915) 688-4620		8. FARM OR LEASE NAME W.H.RHODES FED. 'B' NCT-1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1165' FSL & 2629' FEL, UNIT LETTER O, SW/SE		9. WELL NO. 31	
14. PERMIT NO. API #30-025-32127		10. FIELD AND POOL, OR WILDCAT RHODES YATES SEVEN RIVERS	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2994', KB-3007'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 26, T-26-S, R-37-E	
		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) SPUD & SURFACE 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. TMBR/SHARP SPUD 11 INCH HOLE @ 11:00 PM 02-11-94. DRILLED TO 700'. TD @ 5:45 AM 02-12-94.
2. RAN 16 JTS OF 8 5/8, 24#, WC-50, STC CASING SET @ 700'. RAN 8 CENTRALIZERS.
3. DOWELL CEMENTED WITH 375 SACKS CLASS C w/ 2% CACL2 (14.8 PPG, 1.34 CF/S). PLUG DOWN @ 11:45 AM 02-12-94. CIRCULATED 43 SACKS.
4. NU BOP AND TEST TO 3000#.
5. TESTED CASING TO 1500# FROM 4:30 AM TO 4:45 AM 02-13-94.
6. WOC TIME 16 3/4 HOURS FROM 11:45 AM 02-12-94 TO 4:30 AM 02-13-94.
7. DRILLING 7 7/8 HOLE.



RECEIVED  
FEB 17 11 10 AM '94  
CARRISBROOK AREA

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

SIGNED C.P. Basham / cwh TITLE DRILLING OPERATIONS MANAGER DATE 02-16-94

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side