

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

P.O. BOX 1980  
10BBS, NEW MEXICO 88240

**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		5. LEASE DESIGNATION AND SERIAL NO. NM-25742	
2. NAME OF OPERATOR TEXACO EXPLORATION AND PRODUCTION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3109, Midland, TX 79702		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. (915) 688-4620		8. FARM OR LEASE NAME RHODES YATES COOP FED COM - 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1430' FSL & 10' FEL, UNIT LETTER I, NE/SE		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT RHODES YATES SEVEN RIVERS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 21, T-26-S, R-37-E	
14. PERMIT NO. AP# 30-025-32460	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-2969', KB-2982'	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)

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) COMPLETION ☒

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.)\*

1. TESTED CASING TO 3000# FOR 30 MINUTES 04-13-94.
2. HLS RAN GR-CCL. PERFERED WITH 4 JSPF: 3184'-3196'. 48 HOLES.
3. DOWELL ACIDIZED WITH 800 GAL 7 1/2% NEFE. FRAC'D WITH 27000 GAL XLG 2% KCL AND 130000# 16/30 SAND. 04-15-94.
4. MIRU SERVICE UNIT. CLEANED OUT SAND TO PBTD @ 3340'.
5. TIH W/ 2 7/8 TUBING, RODS AND PUMP.
6. PUMPED 47 BO, 142 BW, 11 MCF IN 24 HRS. 04-29-94.
7. TESTING.

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

SIGNED C.P. Basham / SDH

TITLE DRILLING OPERATIONS MANAGER

DATE 05-06-94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

MAY 3 1964

ADAMS  
OFFICE