

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLES  
(Other Instructions  
on reverse side)

Form approved,  
Budget Branch No. 42-81471

6. LEASE DESIGNATION AND SERIAL NO.

LC 030174 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  GAS WELL  OTHER  Gas Storage Well

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
1800 Wilco Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 10 below.)  
AT SURFACE  
1650 FSL & 1650 FEL of Section (Unit J)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2995 Gr.

7. UNIT AGREEMENT NAME  
Rhodes Storage Unit

8. FARM OR LEASE NAME  
Rhodes "A"

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Rhodes

11. SEC., T., R., M., OR DECK, AND SURVEY OR AREA  
Sec. 22, T-26-S, R-37-E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion or 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.)\*

Plans are to pull tubing, run casing inspection log, clean out to total depth, run Gamma Ray-Neutron and Temperature logs, treat (frac) if needed. New casing or liner will be cemented in place if need is indicated. Re-run tubing and hook-up well for injection.

**AMENDMENT:**

- Please furnish this office one copy of all of above logs run.
- Prior to running new casing or liner please advise amount, size, weight and grade of pipe to be run and the planned cementing procedure.

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

SIGNED Cl. Goodwin TITLE Supervisor Production Services DATE 2-9-73

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
FEB 14 1973  
ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

RECEIVED

1950

OIL CONSERVATION COM. FILE NO. 10, 12