Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.
LC 030177 (B)
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

7. UNIT AGREEMENT NAME
Rhodes Storage Unit

2. NAME OF OPERATOR
El Paso Natural Gas Company

8. FARM OR LEASE NAME
Shepherd "B"

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

9. WELL NO.
4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT
Rhodes

1320 FSL & 1320 FEL of Section

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5, T-26-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2989 Gr.

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	X	CHANGE PLANS	☐	(Other)			
(Other)				(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.) *

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:

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

ILLEGIBLE

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

SIGNED [signature] 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:

*See Instructions on Reverse Side