Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
LC 032510 (B)

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
Gregory "B"

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

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980 FNL & 660 FWL of Section (Unit E)

10. FIELD AND POOL, OR WILDCAT
Rhodes

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T-26-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3000 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, state amount, size, weight and grade of pipe to be run and cementing procedure.**

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