Form 9-331
(May 1963)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

030176 (E)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Rhodes Storage Unit

8. FARM OR LEASE NAME

Cagle "B"

9. WELL NO.

2

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

1. OIL WELL [ ] GAS WELL [ ] OTHER Gas Storage Well

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

1500 Wilco Building, Midland, Texas 79701

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

660 FSL & 660 FWL of Section (Unit M)

14. PERMIT NO.

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

2999 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 leave at the **amount, size, weight** and grade of pipe to be run and the latest 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