

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. COPY  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 42 R1424  
5. LEASE DESIGNATION AND SERIAL NO.  
**LC 030181 (C)**  
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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <b>Water injection for waterflood</b> | 7. UNIT AGREEMENT NAME                                                             |
| 2. NAME OF OPERATOR<br><b>El Paso Natural Gas Company</b>                                                                                                                             | 8. FARM OR LEASE NAME<br><b>Meberly C</b>                                          |
| 3. ADDRESS OF OPERATOR<br><b>600 Building of the Southwest, Midland, Texas 79701</b>                                                                                                  | 9. WELL NO.<br><b>10</b>                                                           |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>1980 FSL &amp; 660 FEL</b>               | 10. FIELD AND POOL, OR WILDCAT<br><b>Rhodes Yates</b>                              |
| 14. PERMIT NO.                                                                                                                                                                        | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br><b>Sec. 20, T-26-S, R-37-E</b> |
| 15. ELEVATIONS (Show whether DE, RT, GR, etc.)<br><b>2976 DF</b>                                                                                                                      | 12. COUNTY OR PARISH<br><b>Lea</b>                                                 |
|                                                                                                                                                                                       | 13. STATE<br><b>New Mexico</b>                                                     |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: |                      | SUBSEQUENT REPORT OF:                                                                               |                 |
|-------------------------|----------------------|-----------------------------------------------------------------------------------------------------|-----------------|
| TEST WATER SHUT-OFF     | FILL 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             | CHANGE PLANS         | (Other) <b>Convert to injection</b>                                                                 | <b>X</b>        |
| (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.)\*

**Cleaned out to 3303, ran 4 1/2" slotted liner 3101' to 3303'. Ran 3170' of 2-3/8" plastic coated tubing with packer set at 3082'. Well is ready for injection.**

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

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

**Production Supervisor**

DATE \_\_\_\_\_

**September 16, 1970**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

**ACCEPTED FOR RECORD**

**SEP 17 1970**

\*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY  
DOWNS, NEW MEXICO