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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> <u>Federal</u> <input type="checkbox"/>
5. State Oil & Gas Lease No. LC-030181 (c)

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>	7. Unit Agreement Name Rhodes Gas
2. Name of Operator El Paso Natural Gas Company	8. Name of Lease Name Moberly Rhodes
3. Address of Operator P. O. Box 1384, Jal, New Mexico 88252	9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>26S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Yates - Seven Rivers
15. Elevation (Show whether DF, RT, GR, etc.) 2976 RT	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Casing leak survey</u>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Cellars were uncovered and bradenheads piped to surface with valves, Inspected by A. A. (Tony) Plattsmier NMOCC Field Representative.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Jerry T. Sparks</u>	TITLE <u>Production Supervisor</u>	DATE <u>8-12-80</u>
APPROVED BY <u>Jerry Sparks</u>	TITLE <u></u>	DATE <u>AUG 15 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		