THE CORE TO HERE WINITED STATES	5. LEASE LC-030181-C
BON 1990 DEPARTMEN OF THE INTERIOR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
DS, NEW MEXICO GEORGICAL SURVEY	6. IF INDIAN, ALLOTTEE ON THISE THANK
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
to properly to drill or to deepen or plug back to a different	8. FARM OR LEASE NAME
(Do not use this form for proposals () reservoir. Use Form 9-331—C for such proposals.)	Moberly "C"
1. oil gas X other	9. WELL NO.
Well Well	3
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
El Paso Natural Gas Co. 3. ADDRESS OF OPERATOR	Rhodes-Yates - Seven Rivers
accounts as Place Midland, TX /9/UI	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 21, T-26-S, R-37-E
below.) AT SURFACE: 1980' FNL & 660 FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Lea New Mexico
AT TOTAL DEPTH:	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	TO THE PROPERTY OF THE PROPERT
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) DF-2976'
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	DF-2970
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
REPAIR WELL PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
other) Convert to Injection Well. *	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen 12-3-84	t to this work.)* onkover unit Ninnle down wellhead,
Move in and Rig up Double derrick wonling up BOP, Pull production tubing, Rig up 3400'. Run 4" flush joint liner and cement. csg. 400'. Wait on Cement. Run correlation Seven Rivers from approximately 3250'-3386'. circulate packer fluid, set packer, nipple dacidize well. Run injection tests, put well	logs, perforate Lower Yates and Run injection tubing and packer, own BOP, nipple up wellhead.
*	onversion is an expansion to an
e	existing project covered under division order R-3919. All state forms have been filed.
	Set @ Ft.
and Time	-
Subsurface Safety Valve: Manu. and Type	
IB. I hereby certify that the foregoing is true and correct SIGNED TITLEAREA Prod. Eng. (This space for Federal or State office)	in. DATE November 30, 1984
18. I hereby certify that the foregoing is true and correct SIGNED TITLEAREA Prod. Eng. (This space for Federal or State office)	