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 030181 (B)

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 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: Moberly "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: 660 FNL & 660 FEL of Section (Unit A)

10. FIELD AND POOL, OR WILDCAT: Rhodes

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 21, T-26-S, R-37-E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 2995 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 please advise amount, size, weight and grade of pipe to be run and the planned 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