

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Storage		5. LEASE DESIGNATION AND SERIAL NO. LC 030176 (A)	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1800 Wilco Building, Midland, Texas		7. UNIT AGREEMENT NAME Rhodes Storage	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FEL, 660 FSL		8. FARM OR LEASE NAME Rhodes GSU	
14. PERMIT NO.		9. WELL NO. 12	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2989.7 Gr.		10. FIELD AND POOL, OR WILDCAT Yates	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-26-S, R-37-E	
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Csg.	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

Spudded 10/16/73.

10-18-73 Ran 8 5/8" MU 46 (20#) set @ 639'. Cmt w/300 sxs. Circ 25 sxs. WOC 18 hrs.

10-25-73 Ran 4 1/2" 10.5# K-55 csg set @ 3159'. Cmt w/400 sxs. Test casing w/3500#. WOC. T/C 2760.

11-20-73 Perf 2833-3053'. Ran 88 jts 2 3/8" 4.7 J-55 tbq set @ 2745.

11-27-73 Fraced w/41,000 gals GW-60, 9,000# 20-40 Sd, 35,250# 10-20 Sand.

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

SIGNED

C. D. Kysan

TITLE

Production Clerk

DATE

December 11, 1973

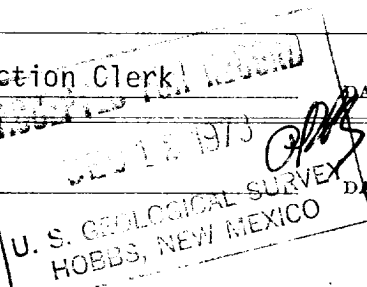
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side