

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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 1980' FNL, 760' FEL		8. FARM OR LEASE NAME Rhodes GSU	
14. PERMIT NO.		9. WELL NO. 15	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2953.1		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 COMPLETION <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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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 10/12/73.

10-14-73 Ran 8 5/8" 20# MU-46 casing set @ 637'. Cemented w/300 sxs. Circ out 40 sxs.
10-19-73 Ran 4 1/2" 10.5# K-55 casing set @ 3110'. Cemented w/400 sxs. Bumped 3500 psi. TOC 1696.
11-03-73 Perf: 2713-2993.
11-05-73 Ran 2 3/8" 4.7# tubing set @ 2639'.
11-07-73 Frac w/30,000 gelled KCL, 6,000# 20-40 Sand, 27,000# 10-20 sand.

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

SIGNED C. D. Kyson

TITLE Production Clerk

DATE November 21, 1973

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side