

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC
(Other instructions o
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	7. UNIT AGREEMENT NAME Rhodes Storage
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Rhodes GSU
3. ADDRESS OF OPERATOR 1800 Wilco Building, Midland, Texas 79701	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830' FWL, 1980' FNL	10. FIELD AND POOL, OR WILDCAT Rhodes
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-26-S, R-37-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3002.9 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Tbg & Csg.	
(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 10/31/73.

11-2-73 Ran 8 5/8" 20# MU 46 csg set @ 630', cmt 300 sxs. Circ 35 sxs to surface. WOC 18 hrs.

11-7-73 Ran 4 1/2" 10.5# K-55 csg set @ 3187', cmt w/400 sxs. T/C @ 1815'.

11-30-73 Perf: 2905-3095, ran 2 3/8" 4.7# tbg set @ 2785'. Frac w/30,000 gals gelled 2% KCL, 6,000# 20-40 Sd, 29,000# 10-20 Sd.

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

SIGNED C. D. Ryan

TITLE Production Clerk

DATE December 5, 1973

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

