

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Storage</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 030176 (b)</u>
2. NAME OF OPERATOR <u>El Paso Natural Gas Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>1800 Wilco Building, Midland, Texas 79701</u>		7. UNIT AGREEMENT NAME <u>Rhodes Storage</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>660 FSL, 2180 FEL</u>		8. FARM OR LEASE NAME <u>Rhodes GSU</u>
14. PERMIT NO.		9. WELL NO. <u>25</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>Rhodes Yates</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 15, T-26-S, R-37-E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>New Mexico</u>

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) <u>Tbg & Csg.</u>	
(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.)*

11-11-73 Spudded.

11-13-73 Ran 8 5/8" 20# MU-46 csg set @ 635'. Cmt w/300 sxs. Circ, WOC 18 hrs.

11-18-73 Ran 4 1/2" 10.5# K-55 csg set @ 3240', cmt w/400 sxs. T/C @ 2192'. Tested to 3200#.

12-5-73 Perf 2938-3119', ran 2 3/8" 4.7# EUE J-55 tbg set @ 2860'. Frac'd w/41,000 WF-60 w/9,000# 20-40 Sd, 35,250# 10-20 Sd.

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

SIGNED C. D. Kysan
(This space for Federal or State office use)

TITLE Production Clerk

DATE December 18, 1973

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____