

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☐ other Gas Storage Well

2. NAME OF OPERATOR

El Paso Natural Gas Co.

3. ADDRESS OF OPERATOR

1800 Wilco Bldg., Midland, Texas 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

below.)
AT SURFACE: 687' FNL & 2017' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:

RECEIVED BY

JUN 21 1964

O. C. D.

ARTESIA, OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

- 1.) Move in and Rig up workover unit, set tubing plug.
- 2.) Remove wellhead and install BOP.
- 3.) Pull production tubing with snubbing unit.
- 4.) Run permanent packer on wireline and set +100' above perms.
- 5.) Run production tubing, circulate treated packer fluid.
- 6.) Land tubing with latch in sub in packer, remove BOP, install wellhead.

7.) Remove tubing plug, release workover unit, return to service.
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED David E. Myers TITLE Sr. Production Eng. DATE June 15, 1984

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

• See Instructions on Reverse Side