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 Form 9-331-C for such proposals.)

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.)
AT SURFACE: 2063' FNL & 2452' 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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[ ]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[ ]
REPAIR WELL	[X]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other)		

6.   IDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Washington Ranch Storage Project

9. WELL NO.
24

10. FIELD OR WILDCAT NAME
Washington Ranch Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34 ,T-25-S, R-24-E

12. COUNTY OR PARISH   13. STATE
Eddy   N. Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 3695'

RECEIVED BY
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
JUN 21 1984
O. C. D.
ARTESIA OFFICE

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 perfs.

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 R. Richle TITLE P.E. DATE 6/20/84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side