

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ gas ☐ 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: 1650' FNL & 1650' FWL, Sec. 34
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
JAN 20 1982
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE 22207
Federal NM 0472258
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Washington Ranch Storage Project
9. WELL NO.
WI No. 1
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 Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3741 RKB

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

Project approved by NMOCB Order #R-6175-A

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. MOL & RUPU. Remove wellhead and set BOP.
2. Unseat packer. Pull tubing and packer.
3. Run casing inspection log. Check PBTD
4. Re-run tubing and blow well dry with nitrogen.
5. Pull tubing. Re-perforate Morrow interval for total of 4 shots per foot.
6. Re-dress packer. Re-run tubing and packer. Hydro test tubing in hole.
7. Set packer above perforations. Fill annulus with treated packer fluid. Remove BOP and nipple up wellhead. Return to storage service.

Subsurface Safety Valve: Manu. and Type Blow Out Preventor Set @ Surface Ft.

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

SIGNED Frank P. DeMaestri TITLE Project Engr. DATE 1-26-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Signature) JAMES A. GILLHAM

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 8 1982

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR

*See Instructions on Reverse Side