

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 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: 2310 FSL & 2310 FEL, 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

JAN 29 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
LOS WELLS, NEW MEXICO

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

Project approved by NMOCD 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 & RU PU. Remove wellhead & 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 spf.
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 BOP Set @ Surface Ft.

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

SIGNED Frank L. DeMaier TITLE Project Engr. DATE 1-26-82

~~Demast~~
APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER
APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 8 1982

FOR

JAMES A. GILLHAM

JAMES A. GILLHAM
DISTRICT SUPERVISOR *See Instructions on Reverse Side