

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
REPRODUCTION INSTRUCTIONS
DRAWER DD

Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
FED NM 22207

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER GAS STORAGE WELL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR EL PASO NATURAL GAS	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 1110 North Big Spring, Midland, TX 79701	8. FARM OR LEASE NAME Washington Ranch Storage Project
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FSL & 2310 FEL Section 34, T-25-S, R-24-E	9. WELL NO. WI Well No. 2
14. PERMIT NO. NMOCD #R-6175-A	10. FIELD AND POOL, OR WILDCAT Washington Ranch Morrow
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705' GL	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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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 and 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 on Location.
2. Kill Well W/Brine Water.
3. Nipple Down Wellhead & Install BOP.
4. Unseat Packer and POH W/Tubing & Packer.
5. Set RBP @ 6805+.
6. Run Casing Inspection Log.
7. If Necessary, Replace Damaged Casing.
8. Perforate 4 Holes @ ±6040' & Circulate Cement To Surface.
9. Re-Dress Packer. Re-Run Tubing & Packer. Hydro Test Tubing In Hole.
10. Circulate Treated Fluid in Annulus & Set Packer.
11. Remove BOP & Nipple Up Wellhead. Return To Storage Service.

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

SIGNED J. W. MULLOY TITLE Agent DATE 5-7-93
J. W. MULLOY 915-687-0323
(This space for Federal or State office use)
APPROVED BY (ORIG. SGD) DAVID R. GLASS DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side