RECEIVED	MR CL	Form Approved. Budget Bureau No. 42-R1424
orm 9-331	standing Williams and the second s	002 67
EB 4 1982	UNITED STATES	5. LEASE
LD 9 19AC	PARTMENT OF THE INTERIOR	Federal NM
	GEOLOGICAL SURVEY	5. IF INDIAN, ALLOTTLE ON THE
	GEOLOGICAE SOUTE	
ARTESIA AFER		WFLLS 7. UNIT AGREEMENT NAME
SUNDRY N	IOTICES AND REPORTS ON	to a different EARM OR LEASE NAME Washintgon
Do not use this form	for proposals to drill or to deepen or plug back -331-C for such proposals.)	
reservoir. Use Form 9		Ranch Storage 110 jess s
1.00	well 🗌 other Gas Storage We	9. WELL NO.
wen		
2. NAME OF OF	ERATOR	10. FIELD OR WILDCAT NAME
El Paso N	atural Gas Co. /	Washington Ranch Morrow
3. ADDRESS OF	OPERATOR	01 <b>11. SEC.</b> , T., R., M., OR BLK. AND SURVEY OR
1800 Wilc	o Bldg, Midland, Texas 797	See space 17 AREA
4. LOCATION O	F WELL (REPORT LOCATION CLEARLY.	See space 17 Sec 33, T-25-S, R-24-E   . 33 12. COUNTY OR PARISH 13. STATE
below.)	DOOD FST & 660 FEL, Sec	12. COUNTY OR PARISH 10. OTHE
AT SURFACE	DD. INTERVAL:	Eddy
AT TOTAL D	C DTH-	14. API NO.
	ROPRIATE BOX TO INDICATE NATURE	OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD)
16. CHECK APP	ROPRIATE BOX TO MAR	
REPORT, OF		3763 RKB
REQUEST FOR	APPROVAL TO: SUBSEQUENT RI	PORT OF 1
TEST WATER S	HUT-OFF	
FRACTURE TRE		0.0.1000
SHOOT OR ACI	DIZE DIZE	0.0.1982 (I) NOTE: Report results of multiple completion or zone change on Form 9–330.)
REPAIR WELL		
PULL OR ALTE		HE A GAS HEDGREAL SURVEY
MULTIPLE CON CHANGE ZONE		Li Li Li Mara Mara (Mara)
ABANDON*		Project approved by NMOCD Order #R-6175-A
(ather)		
(	COMPLETED OPERATIO	NS (Clearly state all pertinent details, and give pertinent dates, work. If well is directionally drilled, give subsurface locations and nd zones pertinent to this work.)*
17. DESCRIBE	estimated date of starting any proposed and true vertical depths for all markers a	work. If well is directionary dimeters
measured	and true vertical depths for all markers a	
I MO	L & RU PU. Remove wellhead	and set bor.
	n casing inspection roy.	
	Junga nacker, Re-Luit (tab)	
6. Re	at packer above perforation	ing and packer. Hydro test cashay sing and packer fluid. s. Fill annulus w/treated packer fluid. 1 head. Return well to storage service.
7. Se	move FOP and nipple up wel	5. Fill annulus w/treated patients service. 1 head. Return well to storage service.
R		
		BOP Set @ Surface F
	Safety Valve: Manu. and Type	BOP Set @
Subsurface S	Satery valve, manual and type	set
18. I hereby	certify that the foregoing is true and corre	Project Engr. DATE <u>1-26-82</u>
SIGNED -	the Pho Mas TITLE	
		for Federal OF State State
•		DATE
APPROVED	rig. Sgd.) PETER W. CHISTORIIL	DATE
CONDITIONS		
	FEB 8 1982	

.

FOR JAMES A. GILLHAM DISTRICT SUPERVISOR IN	structions on Reverse Side
JAMES A. GILLIAM	structions on Reverse Side