

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION
Lawer DU

Artesia NM 88210

FORM APPROVED

Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

FED NM 0558959

6. If Indian, Allottee or Tribe Name

NA

7. If Unit or CA, Agreement Designation
Washington Ranch
Storage Area

8. Well Name and No.

0 Federal No. 3

9. API Well No.

10. Field and Pool, or Exploratory Area
Washington Ranch
Morrow

11. County or Parish, State

Eddy, NMx

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Gas Storage

2. Name of Operator

El Paso Natural Gas Co. (J.W.Mulloy Assoc, Inc - Agent)

3. Address and Telephone No.

1110 N. Big Spring St. Midland, TX 79701 (915-687-0323)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1986 FNL & 660' FEL Unit H
Sec 4 T-26-S R-24-E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Repair Well
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 on location.
2. Kill well w/brine water.
3. ND Wellhead & install BOP.
4. Install plug in packer profile nipple.
5. POH w/tubing. Install RBP @ 6750'. Test casing to 500 psi - 15 min.
6. Run Casing Inspection & Cement Bond Logs.
7. If necessary, replace damaged casing.
8. Perforate casing & TOC from Log & circ cement to surface.
9. Re-run tubing & sting into packer. Remove BOP. NU Wellhead.
10. Circulate packer fluid in csg/tbg annulus. Run MIT (Packer Leakage Test).
11. Remove BOP. Return well to service.

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

Signed *O.H. Routh*

O.H. ROUTH

Title AGENT

Date 1-24-95

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

Date 2/27/95