

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COM
Drawer DD
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.
O Federal #3

9. API Well No.
30-015-20659

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

☐ 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.)*

9-12-95 MI RU Pride Well Service unit and associated equipment.
SITP 1300 psi; casing on slight vacuum. Kill well w/9 # brine.
POH w/tbg. TIH and set RBP @ 6790'. Isolate casing leak @ 1660'
to 1692'. POH w/pkr. TIH w/cement retainer and set ret @ 1592'.
Sqz leak w/100 sx C + 2% CaCl₂. Sqzd 42 sx into form. POH & WOC.
DO cmt to 1592' Test csg to 500 psi. Lost 50 psi-15 min. Isolated
leak from 1471' - 1592'. Acidized leak w/250 gals 15%. Cmt w/75 sx
got standing sqz @ 900 psi. DO cement. Retested casing and isolated
leak from 1292' - 1590'. Sqzd w/30 sx C + 2% CaCl₂. DO cement.
Retrieve RBP. Re-run production equipment. Set Model D pkr @
6813'. Spot packer fluid in annulus. Ran MIT Test to 300 psi.

9-23-95 No Pressure loss. RD equipment. Return well to service.

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

Signed [Signature] O.H. ROUTH Title AGENT Date 9-27-95

(This space for Federal or State office use)

Approved by [Signature] Title _____ Date _____
Conditions of approval, if any