Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

从	<b>1</b> 0	i.	÷.
ر بشر شهای	- 5 - 7		4

Form C-103 (Revised 1-1-89

DISTRICT I			
P.O. Box 1980.	Hobbs.	NM	88240

OIL CONSERVATION DIVISION

P.O. Box 2088

	ILL API NO. 0-015-20719	
5.	Indicate Type of Lease STATE	FEE X
6.	State Oil & Gas Lease No.	

P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	
		5. Indicate Type of Lease  STATE FEE     STATE   FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REF		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRII DIFFERENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH I	LICATION FOR PERMIT	7. Lease Name of Omit Agreement Name
1. Type of Well:	1.101.001.10.1	O Federal
OIL GAS WELL WELL	OTHER Gas Storage	e
2. Name of Operator El Paso Natural Gas Co. (J.W	. Mulloy Assoc -	8. Weil No. Agent) 4
3. Address of Operator		9. Pool name or Wildcat
1110 N. Big Spring St. Mic	dland, TX 79701	Washington Ranch (Morrow
4. Well Location		
Unit Letter $\frac{L}{}$ : $\frac{1980}{}$ Feet From The	:Line:	and $\frac{660}{}$ Feet From The $\frac{\text{West}}{}$ Lin
2	269	
Section 2 Township	26S Range 241	14M M
//////////////////////////////////////	vation (Show whether DF, RKB, RT,	GR, etc.)
Charle American D	ov to Indicate Mature of	Notice Perort or Other Data
** *		Notice, Report, or Other Data
NOTICE OF INTENTION TO	):	SUBSEQUENT REPORT OF:
ERFORM REMEDIAL WORK X PLUG AND	ABANDON  REMEDIAL	WORK ALTERING CASING
EMPORARILY ABANDON CHANGE PI	ANS COMMEN	CE DRILLING OPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING	CASING T	EST AND CEMENT JOB
OTHER:	OTHER:	[
12. Describe Proposed or Completed Operations (Clearly state a work) SEE RULE 1103.	ill pertinent details, and give pertine	nt dates, including estimated date of starting any proposed
1. Move on location.		
2. Kill well w/brine water	•	
3. ND Wellhead & install B	OP.	
<ol> <li>Install plug in packer</li> </ol>		
· · · · · · · · · · · · · · · · · · ·		st casing to 500 psi - 15 min.
6. Run Casing Inspection $\tilde{\alpha}$	<del>-</del>	S.
7. If necessary, replace d		_
8. Perforate casing & TOC		
9. Re-run tubing & sting i		
	in csg/tbg annul	us. Run MIT (Packer Leakage
Test). 11. Remove BOP. Return wel	l to service.	
I hereby certify that the information above is true and complete to the b	ast of my knowledge and belief.	Agent 1-18-95
SIGNATURE O. H. ROUTH	TITLE	DATE
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		
	·	FEB 1 3 1995
APPROVED BY	TITLE	DATE

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: