

RECEIVED BY

JUN 21 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

1 50210

NM-22207

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Washington Ranch Storage Project

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Washington Ranch Morrow

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

N. Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

GR 3736'

O. SUNDRY NOTICES AND REPORTS ON WELLS
ARTESIA OFFICE

Approved for proposals to drill or to deepen or plug back to a different formation. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other ☐ Gas Storage Well

2. NAME OF OPERATOR

El Paso Natural Gas Co.

3. ADDRESS OF OPERATOR

1800 Wilco Bldg., Midland, Texas 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 572' FWL & 2417' FSL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other)

SUBSEQUENT REPORT OF:

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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 fractionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1.) Move in and Rig up workover unit, set tubing plug.

2.) Remove wellhead and install BOP.

3.) Pull production tubing with snubbing unit.

4.) Run permanent packer on wireline and set +100' above perforations.

5.) Run production tubing, circulate treated packer fluid.

6.) Land tubing with latch in sub in packer, remove BOP, install wellhead.

7.) Remove tubing plug, release workover unit, return to service.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

TITLE Sr. Production Eng. DATE June 15, 1984

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

(This space for Federal or State office use)

TITLE P.E.

DATE 6/20/84

*See Instructions on Reverse Side