Form 9-331 Dec. 1973 NN OIL CONS. COMMI	ssio n	Form Approved Budget Bireau	NRECEIVED B
UNITED STATES Drawer DD DEPARTMENT OF THE INTERIORA, NW 88210	5. LEASE	22207	MEGELVED P
GEOLOGICAL SURVEY	6. IF INDIAN, ALL	OTTEE OF TRI	BERRE 04 1984
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEM	ENT NAME	O. C. D. ARTESIA, OFFICE
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEAS Washington	sename Ranch Sto	rage Project
1. oil gas XXX other Storage 2. NAME OF OPERATOR	9. WELL NO. W.I. Feder	al No. 10	
El Paso Natural Gas Co. V 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Washington Ranch- Marane		
1800 Wilco Bldg. Midland, Texas 79701 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Delow.) AT SURFACE: 2203' FEL & 935' FNL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-25-S, R-24-E 12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL:	Eddy 14. API NO.		lex.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA	NA 15. ELEVATIONS GR 3696	(SHOW DF, KI	DB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE M	,	SEEM OF	Taran Taran
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*	(NOTE: Report resu change on	Form 9-330.)	TOTAL STATE OF THE
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner 4-2-84 - Pump mud down 9 5/8" x 7" annulus to 4-3-84 - Move in and rig up workover unit, n	rectionally drilled, got to this work.)* o kill Delawai	re Zone.	· locations and

4-3-84 nipple up BOP, pull and lay down 2 7/8" tubing. Set RBP abomorrow zone in 7" casing to isolate. Run casing inspection logs. Pressure test 7" casing below damaged zone. Pull damaged 7" casing. Replace 7" casing and test. Retrieve RBP, run new tubing and production packer, circulate packer fluid, nipple down BOP, nipple up wellhead and release unit.

Subsurface Safety Valve: Manu. and Type		Ft.
18. I hereby certify that the foregoing is true and correct		K S
SIGNED TITLE Sr. Prod. Engr. DATE	3-28 -8 4	
APPROVED (This space for Federal or State office use)		
CATE CONTROL OF STATE		

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

APR

2 1984