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O. C. D.

ARTESIA, OFFICE

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

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

2. NAME OF OPERATOR

El Paso Natural Gas Co.

3. ADDRESS OF OPERATOR

1800 Wilco Bldg., Midland, Tx 79701

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

AT SURFACE: 1154' FSL & 572' FWL

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

- 1.) Set tubing plug. RU and install 5000 psi hydraulic BOP.
- 2.) RU Snubbing unit, pull and lay down 2 7/8" production tubing.
- 3.) RU wireline unit and set Baker Model D permanent packer at 6660' wlm, with blanking plug below packer.
- 4.) Load 7" casing with water and pressure test to 3000 psig.
- 5.) Run 2 7/8" J-55 6.5# tubing with Baker E-22 latch in seal assembly, circulate inhibited packer fluid, latch into packer.
- 6.) Nipple down BOP, Nipple up wellhead.
- 7.) Pressure test tubing to 3000 psig. Retrieve blanking plug, return to service.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED _____

TITLE Area Prod. Eng.

DATE

9-10-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL IF ANY: _____

SEP 12 1984

*See Instructions on Reverse Side

Albino, NEW MEXICO