Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

c/o 17

5. LEASE
I-22207

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Washington Ranch Storage Project

1. oil well ☐   gas well XX   other Storage

9. WELL NO.
17

2. NAME OF OPERATOR
El Paso Natural Gas Co. ✔

10. FIELD OR WILDCAT NAME
Washington Ranch

3. ADDRESS OF OPERATOR
Box 1492 El Paso, Texas 79978

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-25-S, R-24-E

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

AT SURFACE: 1045' FWL & 2363' FNL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

12. COUNTY OR PARISH	13. STATE
Eddy	N. Mex.

14. API NO.

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GR 3720

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(other) _____

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

RECEIVED BY
MAY 16 1984
O. C. D.
ARTESIA. OFFICE
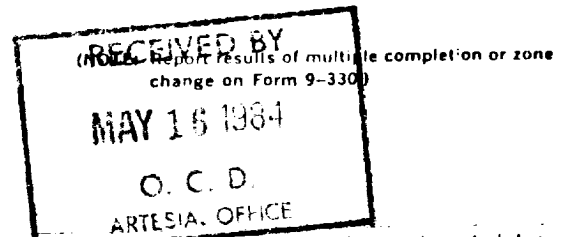
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4-10-84 - Pump mud down 9 5/8" x 7" annulus to kill Delaware Zone. Move in and rig up workover unit, nipple down wellhead and nipple up BOP, pull and lay down 2 7/8" tubing. Set RBP above morrow 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 _____ Set @ _____ Ft.

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

SIGNED _____   TITLE Director, Reservoir Engineering Dept.   DATE 4-24-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 14 '84
ENGINEER

*See Instructions on Reverse Side