UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM-22207

**6. IF .. DIAN, 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 []    other    Gas Storage Well

**9. WELL NO.**
23

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

**10. FIELD OR WILDCAT NAME**
Washington Ranch Morrow

**3. ADDRESS OF OPERATOR**
1800 Wilco Bldg., Midland, Texas 79701

**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: 1052' FSL & 2055' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

**12. COUNTY OR PARISH**    **13. STATE**
Eddy    N. Mexico

**14. API NO.**

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

**15. ELEVATIONS (SHOW DF, KDB, AND WD)**
GR 3721'

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
|---|---|---|
| TEST WATER SHUT-OFF | [] | [] |
| FRACTURE TREAT | [] | [] |
| SHOOT OR ACIDIZE | [] | [] |
| REPAIR WELL | [X] | [] |
| PULL OR ALTER CASING | [] | [] |
| MULTIPLE COMPLETE | [] | [] |
| CHANGE ZONES | [] | [] |
| ABANDON* | [] | [] |
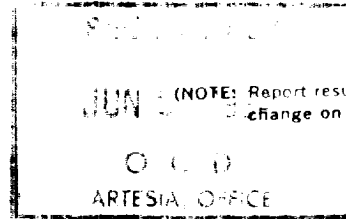
JUN (NOTE: Report results of multiple completion or zone change on Form 9–330.)

O ( . )
ARTESIA OFFICE

(other) _____

**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.) 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 perfs.

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

(This space for Federal or State office use)

APPROVED BY _____ TITLE P.E. DATE 6/20/84
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side