

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
FED NM 0472258 22207

6. If Indian, Allottee or Tribe Name
NA

7. If Unit or CA, Agreement Designation
Washington Ranch
Storage Area

8. Well Name and No.
0 Federal No. 2

9. API Well No.
30-015-20635

10. Field and Pool, or Exploratory Area
Washington Ranch
Morrow

11. County or Parish, State
Eddy, NMX

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other Gas Storage

2. Name of Operator

El Paso Natural Gas Co., (J.W.Mulloy Assoc, Inc - Agent)

3. Address and Telephone No.

1110 N. Big Spring St., Midland, TX 79701 (915-687-0323)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FEL Unit G
Sec 27 T-25-S R-24-E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Repair Well</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 on location.
2. Kill well w/brine water.
3. ND Wellhead & install BOP.
4. Install plug in packer profile nipple.
5. POH w/tubing. Install RBP @ 6300'. Test casing to 500 psi - 15 min.
6. Run Casing Inspection & Cement Bond Logs.
7. If necessary, replace damaged casing.
8. Perforate casing & TOC from Log & circ cement to surface.
9. Re-run tubing & sting into packer. Remove BOP. NU Wellhead.
10. Circulate packer fluid in csg/tbg annulus. Run MIT (Packer Leakage Test).
11. Remove BOP. Return well to service.

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

Signed [Signature] O. H. ROUTH Title AGENT Date 1-24-95

(This space for Federal or State office use)

Approved by _____ Title _____ Date 2/27/95
Conditions of approval, if any: