TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

| UNITED STATES 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   | 5. LEASE Jic. Apache Tribal Cont. #67 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache 7. UNIT AGREEMENT NAME  |  |
|---|---|--|
| 1. oil gas well other   | 8. FARM OR LEASE NAME  Jicarilla  9. WELL NO.   |  |
| <ul> <li>2. NAME OF OPERATOR El Paso Natural Gas Company</li> <li>3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401</li> <li>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1830'N, 1170'W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:</li> </ul> | 20  10. FIELD OR WILDCAT NAME  Undes. Pictured Cliffs  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-25-N, R-5-W  N.M.P.M.  12. COUNTY OR PARISH 13. STATE  Rio Arriba New Mexico |  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF  FRACTURE TREAT   | 14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD) 6599 GL  |  |

(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.)\*

10-5-79: PBTD 2655'. Tested casing to 4000#, OK. Perfed 2562,2566,2570,2574,2584,2588, 2592,2596,2600' W/1. Fraced w/ 36,000# 10/20 sand, 37,260 gal. wtr. Flushed w/630 gal. wtr.

Subsurface Safety Valve: Manu. and Type \_ certify/hat the foregoing is true and correct Drilling Clerk October 8, 1979 SIGNED DATE (This space for Federal or State office use) APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

|   |  | , |
|---|--|---|
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| • |  |   |
| p |  |   |
|   |  |   |