

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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

2. NAME OF OPERATOR
El Paso Exploration Company

3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 960' N, 1025'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) Change Name of Operator from Northwest Production

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.)*

Effective August 29, 1979, Northwest Production Corporation was changed to El Paso Exploration Company.

5. LEASE Jicarilla Cont. #119	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Jicarilla #119N	
9. WELL NO. 11	
10. FIELD OR WILDCAT NAME Tapacito M.V.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-26-N, R-4-W NMPM	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 7074 GL	

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

E I V E L

NOV 21 1979

GEOLOGICAL SURVEY

COLD

Subsurface Safety Valve: Manu. and Type

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

SIGNED A. G. Busco TITLE Drilling Clerk DATE October 9, 1979

(This space for Federal or State office use)

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