

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 reservoir. Use Form 9-331-C for such proposals.)

1. oil well <input type="checkbox"/>	gas well <input checked="" type="checkbox"/>	other <input type="checkbox"/>
2. NAME OF OPERATOR El Paso Natural Gas Company		
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1650' S, 1650' 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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE SF 079231	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME Huerfano Unit	
8. FARM OR LEASE NAME Huerfano Unit	
9. WELL NO. #149	
10. FIELD OR WILDCAT NAME Basin Dakota	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 18, T-25-N, R-9-W N.M.P.M.	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6808' 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.)*

Casing was repaired as follows:

7-02-79 Pulled tubing, visual-inspected 4 1/2" casing stub looked OK
Set Bridge Plug 6500; ran bond log.

7-03-79: Ran RTTS packer, isolated hole at 385' and squeezed w/148 cement. WOC.

7-04-79: Pressure tested to 1000# OK. CO to TD.

7-09-79: Landed 2 3/8" 4.7#, J-55, tubing at 6603' w/Baker A-Z 1000# packer at 6535'.

Subsurface Safety Valve: Manu. and Type

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

SIGNED *M. B. Busco*TITLE *Drilling Clerk*

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

James V. Sims