

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 gas well other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
PO Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850 1900'S, 1130'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
C-14-20-5017 Nav.Allot NOO

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hostein Yazza

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Basin Daktoa

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-25-N, R-9-W
NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

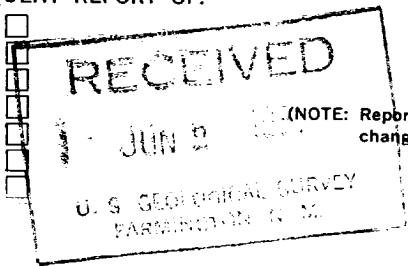
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6562' GL

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

- REQUEST FOR APPROVAL TO:
- TEST WATER SHUT-OFF
 - FRACTURE TREAT
 - SHOOT OR ACIDIZE
 - REPAIR WELL
 - PULL OR ALTER CASING
 - MULTIPLE COMPLETE
 - CHANGE ZONES

SUBSEQUENT REPORT OF:



(NOTE: Report results of multiple completions or 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.)*

In order to shut off excessive water production, it is intended to set a 4 1/2" cement retainer at 6490'. If the well continues to produce large quantities of water, the perforations below 6490' will be squeeze cemented with 75 sks. cement. A 4 1/2" cement retainer will be set at 6400' and the well tested.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Drilling Clerk DATE June 2, 1981

(This space for Federal or State office use)

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

sk 3-

*See Instructions on Reverse Side

