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DEP.

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 079403
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	San Juan 27-5 Unit
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas vell to other	San Juan 27-5
Well Well States	9. WELL NO. 95
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	
P. O. Box 289, Farmington, New Mexico	Tapacito Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 15, T27N, R5W
below.)	5ec. 13, 12/N, R3W
AT SURFACE: 500'S & 100'W	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6610' GL, 6620' DF
TEST WATER SHUT-OFF	
FRACTURE TREAT	A STATE OF THE STA
SHOOT OR ACIDIZE REPAIR WELL	(NOTE: Passet and the set of the
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES [] [] ABANDON*	
(other) Temporarily repair casing leak.	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent datails and give pertinent dates
including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
M.O.L. and rig up. POOH w/106 jts. of 1 1/w/2 jts. 1 1/4" tail pipe, Otis Perma-latch	
1 1/4", 2.3# tubing. Set packer at + 3236'	
R	
permeatly repaired, then the well	ject well has not been
ECEIVED It can be per meatly	13 10 -1 3 101 - 101 04111
13.144	repaired.
Q ₁ ≥ 2 9 1000	•
ALCOHOLD TO THE STATE OF THE ST	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
•	
18. I hereby certify that the foregoing is true and correct Production	
SIGNED LASED Evalua TITLE Engineer	DATE <u>9-15-80</u>
(This space for Federal or State off	ice use)
	DATAPPROVED
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
, a	

note 90 day peruning

*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR