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	Form Approved. Budget Bureau No. 42–R1424		
ĺ	5. LEASE SF 079403		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	7. UNIT AGREEMENT NAME San Juan 27-5 Unit		
t —	8. FARM OR LEASE NAME San Juan 27-5 Unit		
	9. WELL NO. 95		
	10. FIELD OR WILDCAT NAME Tapacito Pictured Cliffs		
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T27N, RSW		
-	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico 14. API NO.		
	15. ELEVATIONS (SHOW DF, KDB. AND WD) 6610 GL, 6620 DF		
() () () ()	CON CON CON		
te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and int to this work.)*  7. 2.3# tubing. R.I.H. w/12 er, and 104 jts., 1 1/4", down. Swabbed well 30 o 1000' overnight.			
again in an attempt to			
1 1 1	For 60 day after installation me it is required to er to produce well. Notify finited on plans to repair case red operations must		
Set @ Ft.			
DATE TOO PER PECORD			

UNITED STATES  DEPARTMENT OF THE INTERIOR	<b>5.</b> LEASE SF 079403		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
(Co 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  8. FARM OR LEASE NAME		
1. oil gas 📉	San Juan 27-5 Unit		
well gas the other	9. WELL NO.		
2. NAME OF OPERATOR	95		
El Paso Natural Gas Company  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Tapacito Pictured Cliffs		
P. O. Box 289, Farmington, N. M. 87401	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.)			
AT SURFACE: 500'S & 100'W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	Rio Arriba New Mexico		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. ARI NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB. AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORTSOF:	6610 GL, 6620 DF		
TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other) temporarily repair casing  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and nine 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.)*  M.O.L. and rig up. POOH w/106 jts. of 1 1/4", 2.3# tubing. R.I.H. w/12 jts, 1 1/4" tail pipe, Otis Perma-latch packer, and 104 jts., 1 1/4", 2.3# tubing. Set packer at + 3236'. Rigged down. Swabbed well 30 runs, no gas. Fluid level rose from 2500' to 1000' overnight.			
			Request an extension of 90 days to swab well kick off gas flow.
Approval is granted to test well for 60 day after install of packer. At the end of that time it is required to permanently repair casing morder to produce well. No this office by sundry notice of intext on plans to repair the future all dates on completed operations must			
be shown on sundry notice,	finited on plans to repair case ted operations must		
Subsurface Safety Valve: Manu. and Type	Set @ Ft.		
18. I hereby certify that the foregoing is true and correct Production SIGNED TITLE Engineer	DATE 1229 PED FOR RECORD		
(This space for Federal or State office use)			
APPROVED BY TITLE	DATE 1538 5 1981		
CONDITIONS OF APPROVAL. IF ANY:	THE STATE OF THE S		

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\*See Instructions on Reverse Side