

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
P. O. Box 289, Farmington, N. M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 500'S & 100'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF 079403

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 27-5 Unit

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, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

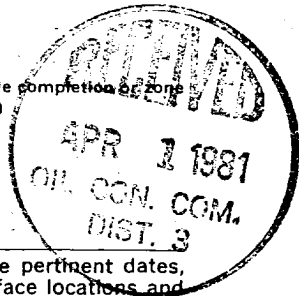
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6610' GL, 6620' DF

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 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) <u>Temporarily repair casing leak</u>	

(NOTE: Report results of multiple completion 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.)*

An Otis perma-latch packer was installed in the subject well on November 11, 1980 in order to temporarily repair a suspected casing leak. The well is presently logged off due to water fill in the tubing. It is requested that a 90 day evaluation period be granted. This evaluation period to become effective immediately after the well has been swabbed and the water unloaded.

Approval is granted to test well until June 30, 1981. At the end of that time it is required to permanently repair casing in order to produce well. Notify this office by sundry notice of intent a plans to repair casing.

ACCEPTED FOR RECORD
Set @ _____ Ft.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Mark Manson TITLE Production Engineer DATE MAR 31 1981
January 30, 1981
FARMINGTON DISTRICT

(This space for Federal or State office use) BY RB

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

10000