Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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: 1150'N, 1750'W, Sec. 7, T27N, R5W
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

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

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5. LEASE
   SF 079391

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.
   174

10. FIELD OR WILDCAT NAME
    So. Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 7, T27N, R5W

12. COUNTY OR PARISH | 13. STATE
    Rio Arriba | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    6609' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT   ☐   ☐
SHOOT OR ACIDIZE   ☐   ☐
REPAIR WELL   ☐   ☒
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE   ☐   ☐
CHANGE ZONES   ☐   ☐
ABANDON*   ☐   ☐
(other)_____

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U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

JUL 9
OIL CON. COM.
DIST. 3

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 sub-surface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

R.I.H. w/1 jt. of 1 1/4" perforated tubing below Baker Model C-1 retrievable packer below 105 jts. 1 1/4" EUE tubing. Set packer in tensions with 6,000# @ 3362'.

This work was completed on May 29, 1981 which begins the 90 day evaluation period.

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

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

SIGNED _Mark Manson_   TITLE _Production Engineer_   DATE _Jun 01 81_   ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _JUL 8 1981_
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

FARMINGTON DISTRICT
BY _RB_

*See Instructions on Reverse Side