

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 (505) 325-2841
3. ADDRESS OF OPERATOR
Box 289, Farmington, N. M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1150'N, 1750'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
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 ☐
ABANDON* ☐

(other) Date of First Delivery

SUBSEQUENT REPORT OF

- ☐
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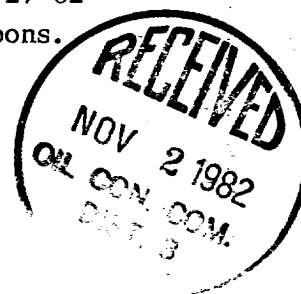
RECEIVED
OCT 28 1982

(NOTE: Report results of multiple completion or zone change on Form 9-330.)
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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
S. Blanco P. C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-27-N, R-5-W
N. M. P. M.
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5609' GL

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.)*

This well was first delivered after casing repair on 10-27-82 and produced natural gas and entrained liquid hydrocarbons.



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 October 28, 1982

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] DATE OCT 28 1982 TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

FARMINGTON DISTRICT

BY [Signature]

IMOC

*See Instructions on Reverse Side