

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 850'S, 1180'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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

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.)*

4-09-79: TD 3467'. Ran 86 jts. 7", 20#, K-55 intermediate casing, 3455' set at 3467'. Cemented w/238 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes. Top of cement at 2290'.

4-15-79: TD 7671'. Ran 231 jts. 4 1/2", 10.5# & 11.6#, K-55 production casing 7661' set at 7671'. Float collar set at 7663'. Cemented w/646 cu. ft. cement. WOC 18 hours. Top of cement at 2900'.

5-25-79: PBTD 7663'. Tested casing to 4000#, OK. Perfed Dak. 7401, 7420, 7478, 7512, 7518, 7525, 7554, 7562, 7570, 7580, 7595, 7608, 7616' w/1 SPZ. Fraced w/141,000# 20/40 sand, 47,000# 10/20 sand and 124,000 gal. treated water. Flushed w/2500 gal. water.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

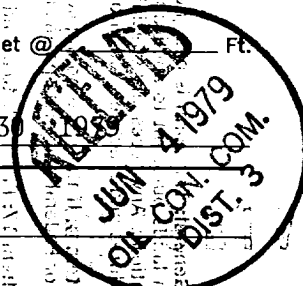
18. I hereby certify that the foregoing is true and correct

SIGNED D. G. Bruce TITLE Drilling Clerk DATE May 30 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

State