

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, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1100'S, 1097'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

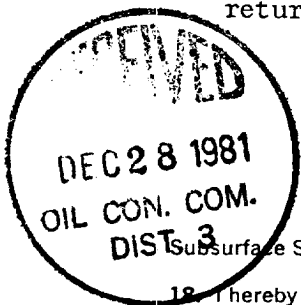
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
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>Isolate casing leak</u>	

5. LEASE
SF 080672
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
S. J. 27-4 Unit
8. FARM OR LEASE NAME
S. J. 27-4 Unit
9. WELL NO.
81
10. FIELD OR WILDCAT NAME
Tapacito Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T27N, R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7170' G.L.

(NOTE: Report results of multiple completion or 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.)*

On December 10, 1981 a Baker Model 'C' Packer was installed on 1 1/4" tubing in the 2 7/8" casing of the subject well. Now that the producing formation is isolated from the casing leak, a ninety production day evaluation test will begin. If the subject well's production rate returns to that of the pre-casing leak average, then we will execute permanent repair. If production fails to return, then the well will be recommended for abandonment.



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

I hereby certify that the foregoing is true and correct

SIGNED William H. [Signature] TITLE Production Engineer DATE 11-16-81

(This space for Federal or State office use)
APPROVED BY Dean Elliott TITLE For [Signature] District Supervisor DATE 12-23-81
CONDITIONS OF APPROVAL, IF ANY:

NMOCC