

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 9-311-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR  
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR  
PO Box 990, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1520'S, 1700'E  
AT SURFACE:  
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\* ☐

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(other) Request for non-cancellation of approval

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.)\*

The date is uncertain, but El Paso does intend to drill this location; therefore, it is requested that our approval to drill not be cancelled.

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

5. LEASE  
SF 080669
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
San Juan 27-4 Unit
8. FARM OR LEASE NAME  
San Juan 27-4 Unit
9. WELL NO.  
106
10. FIELD OR WILDCAT NAME  
Tapacito Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 19, T-27-N, R-4-W  
NMPM
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DE, KDB, AND WD)  
6787' GL

Subsurface Safety Valve: Manu. and Type

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

SIGNED

*A. J. Brown*

TITLE

Drilling Clerk

DATE

November 9, 1977

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side



*OK*