

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 ☐ gas ☒ other ☐
well well

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: 1790'N, 1740'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) ☐

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5. LEASE
SF 079393

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.
25A (PM)

10. FIELD OR WILDCAT NAME
Tap. PC. & Blanco MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T-27-N, R-5-W
NMPM

12. COUNTY OR PARISH
R.A.

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6676' GL

(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.)*

2-2-81: Perfed Pic. Cliffs:
3532-48, 3548-64, 3564-80, 3588-3604' W/16 SPZ. Fraced w/64,000# 10/20 sand,
74,000 gal. wtr. Flushed w/ 5800 gal. wtr.

Subsurface Safety Valve: Manu. and Type

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

SIGNED A. D. Duisco TITLE Drilling Clerk DATE Feb. 2, 1981

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY
FEB 04 1981

TITLE DATE

FARMINGTON DISTRICT

BY

NMOCC

*See Instructions on Reverse Side

