

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 ☐
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
P.O.Box 289, Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1555'N, 885'W
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* ☐ ☐
- (other) ☐ ☐

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.
52A (PM)
10. FIELD OR WILDCAT NAME
Tapacito PC & Blanco MV
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-27-N, R-5-W NMPM
12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6540' GL

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

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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.)*

9-30-80: Spudded well. Drilled surface hole. Ran 5 joints 9 5/8", 40#, LSS surface casing 226' set at 239'. Cemented w/ 224 cu. ft. cement. Circ. to surface. WOC 12 hours; held 600#/30 minutes.



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

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

SIGNED A. D. Busco TITLE Drilling Clerk DATE October 8, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

OCT 15 1980

NMOCCH

*See Instructions on Reverse Side

BY RW FARMINGTON DISTRICT