

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.)

1010'N, 795'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)

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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.

53A (PM)

10. FIELD OR WILDCAT NAME

Tapacito PC & Blanco MV

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

NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

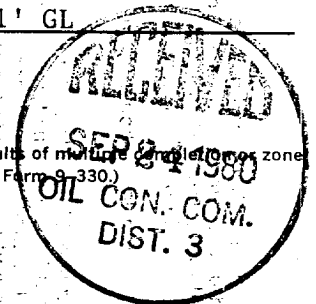
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6561' GL

(NOTE: Report results of multiple completion 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.)*

9-12-80: Spudded well. Drilled surface hole. Ran 5 joints 9 5/8", 40#, LSS surface casing 230' set at 243'. 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 [Signature] TITLE Drilling Clerk DATE Sept. 16, 1980

(This space for Federal or State office use)

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

BY BW

*See Instructions on Reverse Side