

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: 1660'S, 1690'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
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☐
☐
☐

RECEIVED

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

AUG 17 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

7-29-80: PBTD 5901'. Tested casing to 3500#, OK. Perfed Massive & Lower Point Lookout: 5487, 5492, 5497, 5502, 5512, 5526, 5535, 5549, 5576, 5590, 5636, 5750, 5786' w/1 SPZ. Fraced w/ 52,500#, 20/40 sd, 105,000 gal. wtr. Flushed w/ 7308 gal. wtr.

7-30-80: Perfed Men. & Cliff House: 4973, 4981, 5002, 5030, 5035, 5040, 5062, 5068, 5079, 5084, 5089, 5209, 5273, 5271, 5402' w/1 SPZ. Fraced w/ 41,500# 20/40 sand, 83,000 gal. wtr. Flushed w/ 7056 gal. wtr.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

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

SIGNED _____

TITLE _____

Drilling Clerk

DATE _____

August 4, 1980

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 06 1980

FARMINGTON DISTRICT

BY _____

*See Instructions on Reverse Side

NMOCG