

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.)
1120'S, 1680'E
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

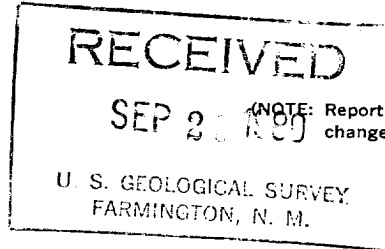
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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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5. LEASE
SF-079527

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. 29A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-27-N, R-4-W
NMPM

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7291' GL

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

8-27-80: TD 4479'. Ran 106 joints 7", 20 & 23#, K-55 intermediate casing 4468' set at 4479'. Cemented w/ 231 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes. Top of cement at 4000'.

8-30-80: TD 6716'. Ran 59 joints 4 1/2", 10.5#, J casing liner 2409' set 4308-6716'. Float collar set at 6350'. Cemented w/ 417 cu. ft. cement. WOC 18 hours.

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

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

SIGNED Bradford TITLE Drilling Clerk DATE Sept. 22, 1980

(This space for Federal or State office use)

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