

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1520'S, 790'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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RECEIVED

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

NOV 3 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.)*

10-23-80; PBTD 6468'. Tested to 3500#, Held ok. Perfed Point Lookout:
6042,6048,6060,6068,6072,6085,6128,6142,6150,6172,6282,6308,6315,
6368,6376,6440' W/1 SPZ. Fraced w/ 47,500# 20/40 sand, 95,000 gal.
wtr. Flushed w/ 8190 gal. wtr.

Perf'd Cliff House & Menefee:

5559,5580,5640,5655,5675,5686,5692,5812,5820,5864,6573,5883,5919,
5931' W/1 SPZ. Fraced w/ 40,500# 20/40 sand, 81,000 gal. wtr.
flushed w/ 7728 gal. wtr.

Perfed Pictured Cliffs;

3873,3879,3886,3892,3907,3913,3935,3941,3947' W/1 SPZ. Fraced w/
48,000 #/ 10/20 sand, 53,000 gal. wtr. Flushed w/ 6384 gal. wtr.

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

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

SIGNED D. P. Lewis TITLE Drilling Clerk DATE October 28, 1980

(This space for Federal or State office use)

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

BW