-10-80

-11-80

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

6	IF IN	DIAN, ALLOTTEE OR TRIBE	NA	
	SF	080674		
5. LEASE				

below.) 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 ORALTER CASING HOLLOR ALTER CASING HOLLOR ALTER CASING HOLLOR ALTER COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent and measured and true vertical depths for all markers and zones pertinent to this work.)* MOL & Spudded well. Drilled surface hole. Lost circ. at 210'. Squeezed to plug hole. Mixed & Displaced cement through 3 1/2", Drill Pipe, cemented w/ 118 cu. ft. cement. WOC 4 hours. Ran 6 joints 9 5/8", 40#, K-55 surface casing 274' set at 288'. Cemented w/ 802 cu. ft. cement. WOC 12 hours; held 600#/30 minutes.	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. cil gas other 2. NAME OF OPERATOR E1 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: 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 (NUTTIPE CHANGE COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent Change on Form 9-330). MOL & Spudded well. Drilled surface hole. Lost circ. at 210'. Squeezed to plug hole. Mixed & Displaced cement through 3 1/2", Drill Pipe, cemented w/ 118 cu. ft. cement. WOC 4 hours. Ran 6 joints 9 5/8", 40#, K-55 surface casing 274' set at 288'. Cemented w/ 802 cu. ft. cement. WOC 12 hours; held 600#/30 minutes.	(Do not use this form for proposals to drill or to deepen or plug back to a different	San Juan 27-4 Unit
WELL NO. 2. NAME OF OPERATOR E1 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). 810'N, 1835'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) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinept of the subsurface locations; and measured and true vertical depths for all markers and zones pertinent to this work.)* MOI. § Spudded well. Drilled surface hole. Lost circ. at 210'. Squreezed to plug hole. Mixed § Displaced cement through 3 1/2", Drill Pipe, cemented w/ 118 cu. ft. cement. WOC 4 hours. Ran 6 joints 9 5/8", 40#, K-55 surface casing 274' set at 288'. Cemented w/ 802 cu. ft. cement. WOC 12 hours; held 600#/30 minutes.		
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4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 810'N, 1835'W AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 12. COUNTY OR PARISH 13. STATE RIO Arriba New Mexico 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SHOOT OR ACIDIZE SHOOT OR ACID	3. ADDRESS OF OPERATOR	Tapacito PC Ext. & Blanco MV
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	4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 16, T-27-N, R-4-W
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 [X] FRACTURE TREAT		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
TEST WATER SHUT-OFF SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SHOTOTE SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SHOTOTE SHOT	REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL RE	REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7138' GL
PULL OR ALTER CASING Change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent disciplination of the control of t	TEST WATER SHUT-OFF	
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	Ran 6 joints 9 5/8", 40#, K-55 surface casing w/ 802 cu. ft. cement. WOC 12 hours; held 600#	274' set at 288'. Cemented /30 minutes.
	Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	18. I hereby certify that the foregoing is true and correct	

(This space for Federal or State office use)

CONDITIONS OF DALEBANG LENGUED

APPROVED BY

Madful Autre Drilling Clerk DATE August 19, 1980

FARMINGTON DISTRICT

MADO

*See Instructions on Reverse Side