12

MAY TO

	Budget	Bureau	No.	42-R142
FACE				

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 gas well other  2. NAME OF CPERATOR  E1 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.) 690'S, 1450'E  AT SURFACI: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF: OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF   X   FRACTURE TREAT   C   C   C   C   FRACTURE TREAT   C   C   C   C   FRACTURE TREAT   C   C   C   FRACTURE TREAT   C   C   C   FRACTURE TREAT   C   C   TUNIT AGREEMEN S IN JURIA SILVAN SER DEACH TO A different of place to a different	TTEE OR TRIBE NAME  27-5 Unit  NAME  27-5 Unit  AT NAME  Dak.  DR BLK. AND SURVEY OR  5, T-27-N, R-5-W  M  ISH New Mexico
(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 gas well other  2. NAME OF CPERATOR  E1 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.) 690'S, 1450'E  AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)  17. DESCRIBE FROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled give	AT NAME 27-5 Unit  AT NAME 1 Dak.  DR BLK. AND SURVEY OR 2. 5, T-27-N, R-5-W  M ISH 13. STATE New Mexico
well well well well well well well other  2. NAME OF CPERATOR  E1 Paso Natural Gas Company  3. ADDRESS OF OPERATOR  P. 0 Box 289, Farmington, NM  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 690'S, 1450'E  AT SURFACI: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF: OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SHORT OF	AT NAME Dak.  DR BLK. AND SURVEY OR  5, T-27-N, R-5-W  M  ISH New Mexico
E1 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.) 690'S, 1450'E AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF: OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SHOOT OF ACIDIZE SHOOT OR ALTER CASING SHOO	AT NAME Dak.  DR BLK. AND SURVEY OR  5, T-27-N, R-5-W  M  ISH New Mexico
3. ADDRESS OF OPERATOR  P.O. Box 289, Farmington, NM  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 690'S, 1450'E  AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF 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, including estimated date of starting any proposed work. If well is directionally drilled give	DR BLK. AND SURVEY OR  5, T-27-N, R-5-W  M  ISH 13. STATE  New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 690'S, 1450'E AT SURFACIE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF: OTHER DATA  14. API NO.  15. ELEVATIONS (SEED OF STATE OF STAT	ISH 13. STATE New Mexico
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF SHOOT OR ACIDIZE 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, including estimated date of starting any proposed work. If well is directionally drilled give	New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OF: OTHER DATA  15. ELEVATIONS (SEED OF COMPLETED OF COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled give	OW DF, KDB, AND WD)
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 FROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled give	
including estimated date of starting any proposed work. If well is directionally drilled give	of multiple completion or zone
	and give pertinent dates, subsurface locations and
1-28-80: TD 3865'. Ran 95 joints 7", 20#, KS interm set at 3865'. Cemented w/ 337 cu. ft. cmt. 1200#/30 minutes. Top of cement 2350'.	ediate casing 3853' WOC 12 hours;held
2-4-80: TD 7941'. Ran 184 joints 4 1/2", 10.5&11.6 casing 7929 set 7941'. Float collar set at 550 cu. ft. cement. Top of cement at 7800'	7933! Cemented w
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	Set @ Ft.
SIGNED TITLE Drilling Clerk DATE Decemi	

NMOCC

\*See Instructions on Reverse Side