

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 ☐ gas ☒ 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: 1610'N, 1520'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 ☒

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RECEIVED
MAY 29 1981
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

SF 079360

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Rincon Unit

8. FARM OR LEASE NAME

Rincon Unit

9. WELL NO.

238

10. FIELD OR WILDCAT NAME

Largo Chacra Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-27-N, R-7-W

NMPM

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

14. API NO.

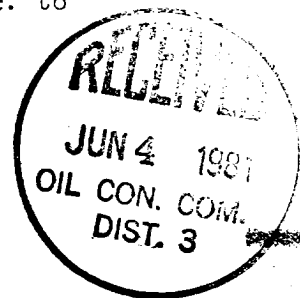
15. ELEVATIONS (SHOW DF, KDB, AND WD)

6550' GL

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

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.)*

5-26-81: Spudded well. Drilled surface hole. Ran 3 joints of 8 5/8", 24#, J-55 surface casing 122' set at at134'. Cemented w/ 106 cf. cement. Circ. to surface. WOC 12 hours;held 600#/30 minutes.



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

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

SIGNED N. P. Drisco TITLE Drilling Clerk DATE May 27, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

W.M.C.C.C.

8/27/81