

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

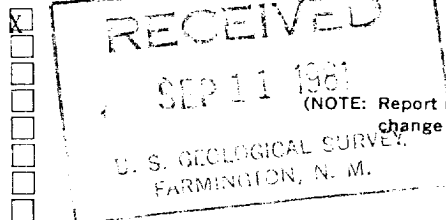
SUNDRY NOTICES AND REPORTS ON WELLS

(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.)  
2200'S, 800'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



5. LEASE  
SF 080668  
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.  
139  
10. FIELD OR WILDCAT NAME  
Blanco Mesa Verde  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 9, 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)  
6748' GL



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.)\*

9-3-81: Spudded well Drilled surface hole. Ran 5 joints of 9 5/8", 36#, K-55 surface casing 213' set at 225'. Cemented w/ 224 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 R. D. Funesco TITLE Drilling Clerk DATE September 8, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

BY Sam