Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

DEPARTMENT OF THE INTERIOR	5. LEASE SF 078012			
decedent conver	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME Huerfano Unit			
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Huerfano Unit			
1. oil gas well other dual 2. NAME OF OPERATOR	9. WELL NO. 112			
E1 Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Gallegos Gallup- Basin Dakota			
P. O. Pay 900 Farmington N. M. 87401	11 SEC T P M OP BLK AND SUBVEY OF			

gas well other well dual 2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, N. M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1650'/N, 1650'/W, Sec. 17-26-10 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

AREA Sec. 17, T26N, R10W

12. COUNTY OR PARISH 13. STATE San Juan New Mexico San Juan 14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) GR 6583'

REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: 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)

(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.)*

Set a cement retainer at 5910' to isolate and temporarily abandon the Dakota formation.

Set a packer at 5576' to isolate the Gallup from a casing failure.

Gallup tubing set at 5714'.

We will test the Gallup formation and he able to cement off the Dakota

if production can be regained.

18. I hereby certify that the fologoine is true and correct Production SIGNED WWW Delcar TITLE Engineer DATE 9-18-78	Subsurface Safety Valve: Manu. and Type			Set @	<u>**-:</u> F
	18. I hereby certify that the follogoing is true	and correct Production _ TITLE _Engineer	DATE _	9-18-78	

(This space for Federal or State office use)

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APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			