

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 well ☐ gas well ☒ other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
PO Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650'N, 990'W

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

☐

☐

☐

☐

☐

☐

☐

☐

☐

RECEIVED
MAR 17 1983

U.S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

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

5. LEASE
NM 01368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit

8. FARM OR LEASE NAME
Huerfano Unit

9. WELL NO.
174

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.13,T-26-N,R-10-W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6574'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.)*

It is intended to repair a casing failure by pulling the tubing and packer, setting a bridge plug above the perforations, and isolating the casing failure. The casing failure will be squeeze cemented with a sufficient amount of cement to isolate the leak. Following clean out, the casing will be tested to 1000 psi, the bridge plug drilled and the production tubing rerun.

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

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

SIGNED Larry W. Smith Project Drilling Engr. DATE March 16, 1983

(This space for Federal or State office use)

APPROVED BY JAMES F. SMITH TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 17 1983
JAMES F. SMITH
DISTRICT ENG.

*See Instructions on Reverse Side

NMOCC