

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 CO.

3. ADDRESS OF OPERATOR
BOX 289, FARMINGTON, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1555'N, 790'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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE
SF 079520
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 28-5 Unit
8. FARM OR LEASE NAME
San Juan 28-5 Unit
9. WELL NO.
98
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T-28-N, R-5-W
NMPM
12. COUNTY OR PARISH
Rio Arriba
13. STATE
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7331 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.)*

11/15/78: Spudded well. Drilled surface hole

11/16/78: Ran 10 joints 9 5/8", 36# K-55 surface casing, 410' set at 423'. Cemented with 318 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

RECEIVED

DEC 04 1978

Subsurface Safety Valve: Manu. and Type

U. S. GEOLOGICAL SURVEY
DURANGO, COLO. Set @

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

SIGNED D. G. Briggs TITLE Drilling Clerk DATE 11/28/78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

