Form 9–331
Dec. 1973

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
P.O. Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 880'N, 1840'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: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐   ☒
FRACTURE TREAT ☐   ☐
SHOOT OR ACIDIZE ☐   ☐
REPAIR WELL ☐   ☐
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE ☐   ☐
CHANGE ZONES ☐   ☐
ABANDON* ☐   ☒
(other) _____

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE SF 079192

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 28-6 Unit

8. FARM OR LEASE NAME
San Juan 28-6 Unit

9. WELL NO.
223

10. FIELD OR WILDCAT NAME
Blanco Pic. Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-28-N, R-6-W
NMPM

12. COUNTY OR PARISH | 13. STATE
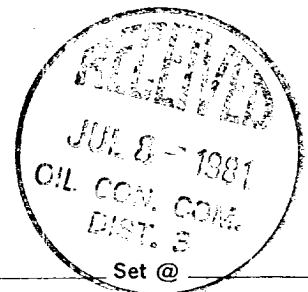Rio Arriba | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6807' 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.)*

6-19-81: TD 3854'. Ran 142 joints of 2 7/8", 6.4#, J-55 production casing 3842' set at 3854'. Baffle set at 3845'. Cemented w/629 cf. cement. WOC 18 hours. Top of cement at 1700'.

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

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

SIGNED _____ TITLE Drilling Clerk DATE June 24, 1981

(This space for Federal or State office use)

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

NMOCD

*See Instructions on Reverse Side

BY _Dean Elliott_