

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.)  
1050'S, 1620'W

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 TO:

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JUL 14 1983  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE  
NM 04202

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Johnston

9. WELL NO.  
12

10. FIELD OR WILDCAT NAME  
Aztec Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 9, T-28-N, R-9-W, NMPM

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6648' GL

NOTE: Report result of multiple completion or change in Form 9-330.

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OIL CON. DIV.  
DIST. 3

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 pull the tubing and packer, set a sand plug across the perforations and isolate the casing leak with a test packer. The casing failure will then be squeeze cemented with a sufficient amount of cement to isolate the leak. Following clean out, the casing will be tested to 750 psi, the sand plug circulated out and the tubing and packer rerun.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Project \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

July 13, 1983

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_

(This space for Federal or State office use)

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

**APPROVED**

DATE \_\_\_\_\_

JUL 26 1983  
JAMES S. JAMES  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

NMOCC