

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 990, Farmington, N. M.**
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **1450'S, 1850'W, Sec. 33-28-9**  
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:

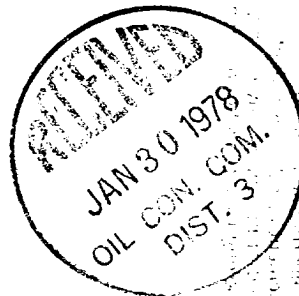
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5. LEASE  
**SF 077111**
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
**Storey**
9. WELL NO.  
**8-C**
10. FIELD OR WILDCAT NAME  
**So. Blanco PC, Blanco MV**
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 33, T28N, R9W**
12. COUNTY OR PARISH **San Juan** 13. STATE **New Mexico**
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**7036' 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.)\*

9-15-77 Replaced tubing above packer assembly to repair multiple zone communication. Tubing setting depths remain the same. Packer remains set at 3273'.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Wm D Welch* TITLE **Engineer** DATE **1-25-78**

(This space for Federal or State office use)

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

TITLE *Wm D Welch* DATE \_\_\_\_\_