

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
PO Box 289, Farmington, NM 87401

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

AT SURFACE: 1780'N, 980'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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Squeeze cement

1. The first step is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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

[illegible]

U. S. NATIONAL SERVICE
FARMINGTON, N. H.

9-330.)
AUG 6 - 1
OIL CON: C
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.)*

During the completion operation, it is intended to perforate a squeeze hole at the base of the Ojo Alamo (2600') and squeeze cement with 150 sks. in order to cover the Ojo Alamo formation. This is in compliance with your memo dated July 28, 1981.

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

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

SIGNED [Signature] TITLE Engineer DATE July 30, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ **DATE** _____

NMOCC

*See Instructions on Reverse Side

APPROVED

AUG 04 1980

Dean Elliott
DISTRICT ENGINEER