

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.)

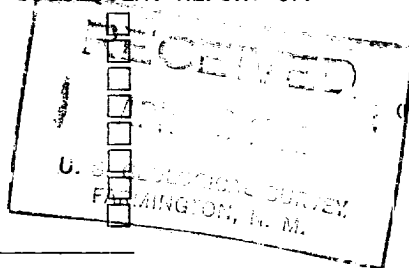
1. oil ☐ gas ☒ other ☐  
2. NAME OF OPERATOR  
El Paso Natural Gas Company  
3. ADDRESS OF OPERATOR  
PO Box 289, Farmington, NM 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1500'N, 1600'W  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:



5. LEASE  
SF 079938  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Jones  
9. WELL NO.  
5  
10. FIELD OR WILDCAT NAME  
Blanco Pictured Cliffs  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 35, T-29-N, R-8-W, NMPM  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6812'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.)\*

In order to permanently repair the casing failure, it is intended to pull the tubing and packer, set a bridge plug above the perforations, and squeeze cement the casing failure with a sufficient amount of cement to isolate the leak. After the wellbore is cleaned out to below the failure, the casing will be tested to 750 psi. The bridge plug will be drilled out, the production tubing rerun and the well returned to production.

Subsurface Safety Valve Manu. and Type

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

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

SIGNED

*[Handwritten signature]*

TITLE Drilling Engr. DATE

April 2, 1982

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 3 1982

FD DISTRICT ENGINEER

\*See Instructions on Reverse Side

NMOCC