

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
Box 289, Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1840'S, 1620'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

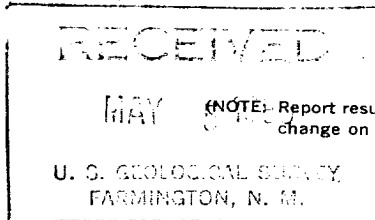
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 080712-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 30-6 Unit

8. FARM OR LEASE NAME
San Juan 30-6 Unit

9. WELL NO.
59A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-30-N, R-6-W
N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6378' GL

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.)*

4-29-80: PBTD 6038'. Tested casing to 3500#, OK. Perfed Mass. & Lower P.L. 5529, 5534, 5540, 5564, 5570, 5576, 5582, 5588, 5628, 5640, 5646, 5673, 5720, 5726, 5733, 5746, 5752, 5770, 5778, 5790, 5829, 5936, 5952, 5979, 6018' W/1 SPZ. Fraced w/87,500# 20/40 sand, 165,000 gal. wtr. Flushed w/7550 gal. wtr. Perfed C.H. & Men. 5193, 5205, 5211, 5226, 5234, 5282, 5287, 5344, 5363, 5370, 5376, 5414, 5434, 5440, 5470' W/1 SPZ. Fraced w/57,000# 20/40 sand, 104,000 gal. wtr. Flushed w/7200 gal. wtr.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

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

SIGNED M. P. Busco TITLE Drilling Clerk DATE May 1, 1980

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAY 5 1980

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY M. L. Kuchera

NMOC