

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 ☐
well well

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P.O. Box 289, Farmington, NM

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

1535'N, 1660'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 OF:

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5. LEASE

SF 079002

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.

88A

10. FIELD OR WILDCAT NAME

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 7, T-30-N, R-6-W

NMPM

12. COUNTY OR PARISH

13. STATE

Rio Arriba New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6451' GA

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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.)*

12-17-80: PBDT 6101'. Tested caing to 3500#, OK. Perfed Mass. & Lower P.L.: 5658, 5663, 5670, 5676, 5696, 5712, 5729, 5735, 5745, 5782, 5788, 5816, 5880, 5921, 5932, 5952, 6069' W/1 SPZ. Fraced w/ 47,000# 20/40 sand, 94,000 gal. wtr. Flushed w/ 7500 gal. wtr.

Perfed Cliff House & Menefee:

5322, 5329, 5334, 5339, 5389, 5396, 5417, 5445, 5475, 5530, 5560, 5586, 5608' W/1 SPZ. Fraced w/ 35,000# 20/40 sand, 71,000 gal. wtr. Flushed w/ 7300 gal. wtr.

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

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

SIGNED W. B. Duce TITLE Drilling Clerk DATE December 19, 1980

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side