

## SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR  
El Paso Exploration Company

3. ADDRESS OF OPERATOR  
Box 4289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1738'S, 826'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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) Change of Operator

**SUBSEQUENT REPORT OF:**

□ □ □ □ □ □ □ □

RECEIVED  
25  
1983

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N.M.

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.)\*

Effective July 1, 1983, the operator of this well will be changed from El Paso Natural Gas Company to El Paso Exploration Company.

Subsurface Safety Valve: Manu. and Type

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

SIGNED D. B. Dues TITLE Drilling Clerk DATE June 23, 1983

(This space for Federal or State office use)

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

**NMOCC**

**\*See Instructions on Reverse Side**

By