

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  
Box 4289, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1460'N, 1795'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) Change of Operator X

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE

NM 029146

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
San Juan

9. WELL NO.  
23A

10. FIELD OR WILDCAT NAME  
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 33, T-29-N, R-9-W  
N.M.P.M.

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5868' 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.)\*

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

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED D. G. Swiss TITLE Drilling Clerk DATE July 26, 1983

(This space for Federal or State office use)

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

JUL 28 1983

NMOC

\*See Instructions on Reverse Side

BY