Form 9-331 (May 1963)

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

UNITED STATES SUBMIT IN COther lins DEPARTMENT OF THE INTERIOR verse side)

SUBMIT IN TRIPLICATE®
(Other instructions on re-

SHOOTING OR ACIDIZING

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other) _

Form approved.
Budget Bureau No. 42-R1424.

DEPAR	SF 079011A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
SUNDRY NO (Do not use this form for pro) Use "APPLI						
1.			7. UNIT AGREEMENT NAME			
WELL GAS WELL THER	San Juan 32-5 Unit					
2. NAME OF OPERATOR	8. FARM OR LEASE NAME					
El Paso Natural	San Juan 32-5 Unit					
3. ADDRESS OF OPERATOR	9. WELL NO.					
PO Box 990, Farm	8					
4. LOCATION OF WELL (Report location	10. FIELD AND POOL, OR WILDCAT Basin Dakota					
See also space 17 below.) At surface 840 'N						
23 Salato 040 N	,33 2		11. SEC., T., B., M., OR BLK. AND SURVEY OR ABEA Sec. 27, T-32-N, R-6-W NMPM			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF.	12. COUNTY OR PARISH 13. STATE				
	6141'G	L	Rio Arriba NM			
16. Check	Appropriate Box To Indicate N	ature of Notice, Report, c	or Other Data			
NOTICE OF INTENTION TO:			EQUENT REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING			
SERVIVED IMPAL			·——·			

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.)*

A second approval is requested to retain this well in its present temporarily abandoned status. An evaluation is being conducted to determine the feasibility of plugging back to the Mesa Verde or Pictured Cliffs formations. Pending the outcome of this evaluation the well will either be recompleted or permanently plugged. Until the prescribed work is done, periodic visits will be made to the wellsite to check the bradenhead and surface equipment to insure the well stays in good condition.

TEMPORARY ABANDONMENT EXPIRES

JUN 1 1977

ABANDON*

Present Status

CHANGE PLANS



18. I hereby certify that the foregoing is true and correct SIGNED	TITLE _	Sr.	Drilling	Engineer	DATE .	July	21,	1976
(This space for Federal or State office use)								
APPROVED BY	TITLE				DATE .			· ·
CONDITIONS OF APPROVAL, IF ANY:							- _	