Alfred.

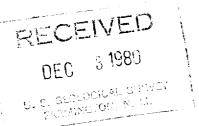
## **UNITED STATES**

5. LEASE	
SF 079011	-

DEPARTMENT OF THE INTERIOR	SF 079011		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	<b>7</b> . UNIT AGREEMENT NAME San Juan 32–5 Unit		
1 all goo	8. FARM OR LEASE NAME San Juan 32-5 Unit		
well well other	9. WELL NO.		
2. NAME OF OPERATOR	4		
El Paso Natural Gas Company  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota		
P. O. Box 289 Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 23, T-32-N, R-6-W		
AT SURFACE: 790' S, 1850' W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico		
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6322 GL		
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)		
MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)			

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.)\*

In order to repair the casing failure, it is intended to pull the tubing string, isolate the casing failure and squeeze cement the failure as needed. Following the casing repair, the tubing will be rerun, and the well returned to production.



Subsurface Safety Valve: Manu. and Type \_

Set @ .

18.	Thereby cer	ury that th	ie foregoing i	is true and correct	

Drilling Clerk December 3, 1980

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

ch 3~