

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 well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
PO Box 4289, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1840' N, 800' E
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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RECEIVED
JUN 3 1983

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

5. LEASE
SF 078120-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Newberry JUN 8 1983
9. WELL NO.
12 OIL CON. DIV.
10. FIELD OR WILDCAT NAME
Blanco MV/Basin DK DIST. 3
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-31-N, R-12-W, NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6034' GL

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.)*

It is intended to repair the packer leak by pulling both strings of tubing, replace any bad joints of tubing, redress the seal assembly and rerun both strings of tubing. All tubing above the seal assembly will be hydrotested.

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

18. I hereby certify that the foregoing is true and correct. Project
SIGNED Larry W. Bink TITLE Drilling Engr. DATE June 1, 1983

(This space for Federal or State office use)

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

Jim
JAMES E. SMITH
DISTRICT ENGINEER

NMOCC