(other)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 078051 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.)	7. UNIT AGREEMENT NAME
1. oil gas well other	8. FARM OR LEASE NAME Neil 9. WELL NO.
2. NAME OF OPERATOR El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs Ext
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1575 N, 1700 E	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-31-N, R-11-W, NMPM
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan NM 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF THE PROPERTY OF	983 (NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone SURVEY) and 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.)*

In order to repair the casing failure in this well it is intended to set a drillable bridge plug above the perforations, cut off the casing above top of cement, replace the bad joints of casing and tie back into the casing stub with a Bowen casing patch. Cement new pipe back to the surface. Clean out cement and test casing to 700 psi. Following casing repair the bridge plug will be drilled out and the well returned to production.



Subsurface Safety Valve: Manu. and Type	OIL CON. DIV.	Set @	
18. I hereby certify that the foregoing is true and correct SIGNED	Project Orilling Engr. DATE		\$3
APPROVED BY CONDITIONS OF APPROVED BY	ederal or State office use) DATE	2 4 4 3 3	
MILES F. SIN See Instruc	tions on Reverse Side	The districts of the control of the	sp Carestant Carestant Carestant Carestant Carestant