

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 Co.
3. ADDRESS OF OPERATOR  
P.O. Box 289 Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 800'S, 1736'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) ☐

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
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☐  
☐

RECEIVED

JUL 22 1982

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

5. LEASE

SF 078039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barnes

9. WELL NO.

10

10. FIELD OR WILDCAT NAME

Blanco PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 22, T-32-N, R-11-W, NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6471' 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 proposed to test the subject well for a casing leak by setting a packer above the perforations and then pressure testing the casing to determine if there is a leak. If there is no leak the packer will be pulled. If the casing is leaking the well will be tested for 90 days after the installation of the packer. The well will be shut in and evaluated for either permanent repair or plug and abandonment. If the well fails to return to a producible status then it will be P.O.D. after 90 days evaluation period.

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

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

Sr. Production

SIGNED John W. Felhergill TITLE Engineer DATE July 22, 1982

APPROVED

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

JAMES F. SIMS  
DISTRICT ENGINEER

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

NMOCC