REPAIR WELL

(other)

Current Status

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES **ABANDON\*** 

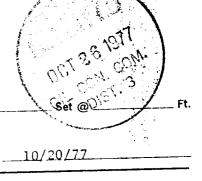
## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Form 9-331	Budget Bureau No. 42-RY424
Dec. 1973 UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 078604
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
	SCOTT
1. oil gas X other	9. WELL NO.
2. NAME OF OPERATOR	21
EL PASO NATURAL GAS COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Undes. Pictured Cliffs
BOX 990, FARMINGTON, NEW MEXICO 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 29, T-32-N, R-10-W
below.) AT SURFACE: 1760/2 4 1830 8	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6058' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone

change 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.)\*

Current status of this well is shut in for build up.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ 18. I hereby certify that the foregoing is true and correct

\_ TITLE \_\_Drilling\_Clerk \_\_ DATE \_\_10/20/77 SIGNED

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE ...

NECEIVEL

OCT 21 1977