Farm 9 334

REPAIR WELL

UNITED STATES

CHANGE PLANS

SUBMIT IN TRIPLECATE*

| (HRV 1305) | DEPARTMENT OF THE IN GEOLOGICAL SURV | • | 5. Learn minimation SF 078040 | AND SERVAL NO. | |
|------------------------------------|---|--|---|----------------|--|
| SUN (Do not use thi | 6. HE INDIAN, ALGORIA | 6. IF INDIAN, ALGORIES OR TRIBE NAME | | | |
| OIL CAS WELL WELL | 7. UNIT AGREEMENT NAME | | | | |
| 2. NAME OF OPERATOR | | | S. FARM OR LEASE NAME | | |
| El Paso Natur | Mudge | | | | |
| 3. ADDRESS OF OPERAT | 9. WELL NO. | | | | |
| P. O. Box 990 | 5A (PM) | 5A (PM) 10. FIELD AND POOL, OR WILDCAT | | | |
| 4. LOCATION OF WELL | 10, FUELD AND POOL, C | | | | |
| See also space 17 be At surface | Mow.) | Blanco Mesa Verde | | | |
| 815 | ' N, 1663' W | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | |
| | | Sec. 3, T-31-N, R-11-W | | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show wh | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | н 13. ятате | |
| | (| 5132' GL | San Juan | New Mexic | |
| 16. | Check Appropriate Box To Indi | cate Nature of Notice, Report, or | Other Data | | |
| | NOTICE OF INTENTION TO: | SUBS | SUBSEQUENT REPORT OF: | | |
| TEST WATER SHUT- | -OFF PULL OR ALTER CASING | WATER SHUT-OFF | X | WELL ! | |
| FRACTURE TREAT | MCLTIPLE COMPLETE | FRACTURE TREATMENT | AUTERING (| CASING | |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONME | SNT* | |

(Other)

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. Describe 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.)*

(Other) _

09-04-77 Spudded well. Drilled surface hole. Ran 5 joints 9 5/8", 32.3#, H-40 surface casing, 210' set at 221'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.



SEP 1977

| | C | | 1 | | |
|----|---|-------|----------------|--------|--------|
| 18 | I hereby certify that the foregoing is true and correct | | | | |
| | SIGNED DE SUCCES | TITLE | Drilling Clerk | DATE _ | 9-8-77 |
| | (This space for Federal or State office use) | | | ····· | |
| | APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | <u>.</u> | DATE _ | · |

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