

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078389A	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME San Juan 32-9 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1840'N, 950'W		8. FARM OR LEASE NAME San Juan 32-9 Unit	
14. PERMIT NO.		9. WELL NO. 97	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6303' GL		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-31-N, R-10-W N. M. P. M.	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

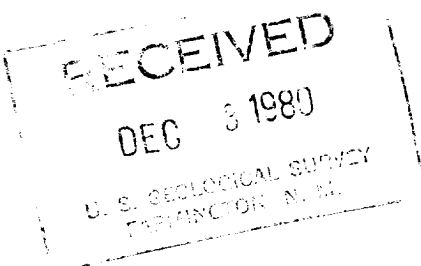
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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. Following casing repair the bridge plug will be drilled out and the well returned to production.



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

SIGNED M. J. Guis TITLE Drilling Clerk DATE December 3, 1980

(This space for Federal or State office use)

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

ok 3

*See Instructions on Reverse Side

