

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 Company

3. ADDRESS OF OPERATOR

P.O. Box 289, Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

1590'N, 1540'W

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

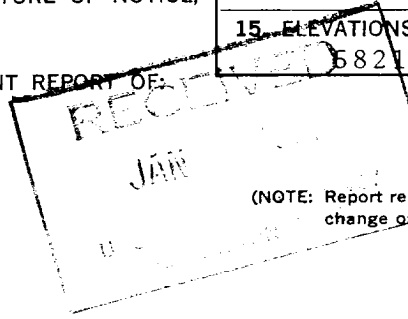
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☐  
☒  
☐  
☐  
☐  
☐  
☐  
☐  
☐



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE

SF 078096

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mudge

9. WELL NO.

50

10. FIELD OR WILDCAT NAME

Blanco PC

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

AREA Sec. 23, T-31-N, R-11-  
NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

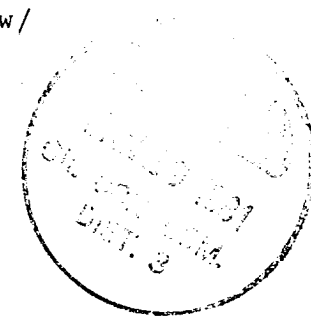
14. API NO.

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

5821' 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.)\*

11-28-80: PBTD 2589'. Tested casing to 4000#, OK. Perfed:  
2498,2502,2506,2510,2515,2559,2564' W/1 SPZ. Fraced  
w/30,492# 10/20 sand, 34,230 gal. wtr. Flushed w/  
630 gal. wtr.



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

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

SIGNED J. P. Guico TITLE Drilling Clerk DATE Dec. 4, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

*BW*

NMOCC