

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, New Mexico 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1450'N, 1690'E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

| REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:               |
|-----------------------------------------------|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/>            |
| (other) <input type="checkbox"/>              | <input type="checkbox"/>            |

|                                                                                        |                         |
|----------------------------------------------------------------------------------------|-------------------------|
| 5. LEASE<br>SF 078096                                                                  |                         |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                   |                         |
| 7. UNIT AGREEMENT NAME                                                                 |                         |
| 8. FARM OR LEASE NAME<br>Mudge                                                         |                         |
| 9. WELL NO.<br>52                                                                      |                         |
| 10. FIELD OR WILDCAT NAME<br>Aztec P.C. Ext                                            |                         |
| 11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA<br>Sec. 21, T-31-N, R-11-W<br>N.M.P.M. |                         |
| 12. COUNTY OR PARISH<br>San Juan                                                       | 13. STATE<br>New Mexico |
| 14. API NO.                                                                            |                         |
| 15. ELEVATIONS (SHOW DEPTH, KDB, AND WD)<br>5883' GL                                   |                         |

(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.)\*

6-12-79: TD 2685'. Ran 86 jts. 2 7/8", 6.4#, J-55 production casing, 2673' set at 2685'. Baffle set at 2675'. Cemented with 786 cu. ft. cement. WOC 18 hours. Top of cement at 1600'.

6-18-79: Tested casing to 4000#, OK. PBTD 2675'. Perforated P.C. 2514, 2520, 2526, 2553, 2560, 2566, 2575, 2580, 2593, 2607, 2612, 2632' w/1 SPZ. Fraced with 76,000# 10/20 sand and 63,553 gal. water. Flushed w/630 gal. water.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED D. G. Duaco TITLE Drilling Clerk DATE June 19, 1979

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

*nmcc*

