

F

30-045-24860

2-9-81

F. Loc. 1560/N;1120/E Elev. 6693 GL Spd. Comp. TD PB

Casing S. @ W Sx. Int. @ W Sx. Pr. @ W Sx. T. @  
Csg.Perf. Prod. Stim.T  
R  
A  
N  
S

I.P. BO/D MCF/D After Hrs. SICP PSI After Days GOR Grav. Ist Del. s

TOPS		NIID	X	Well Log	TEST DATA						
Kirtland		C-103		Plat X	Schd.	PC	Q	PW	PD	D	Ref.No.
Fruitland		C-104		Electric Log							
Pictured Cliffs				C-122							
Cliff House		Ditr		Dfa							
Menefee		Datr		Dac							
Point Lookout											
Manaos											
Gallup											
Sanostee											
Greenhorn											
Dakota											
Morrison											
Entrada											
		E/313.34									

P  
o  
l

Bas Dak Co. SJ S 15 T 32N R 7W UH Oper. El Paso Natural Gas Lse. Allison Unit No. 36

Allison Unit #36

H-15-32N-7W

El Paso Natural Gas Co.

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  
Box 289, Farmington, New Mexico 87401  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1560'N, 1120'E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

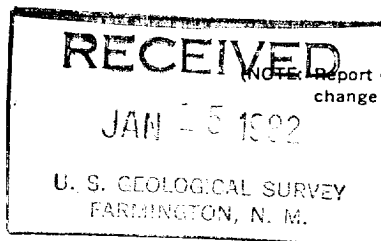
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

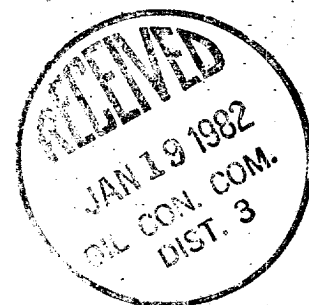
(other) Cancel Application to Drill ☒



5. LEASE  
SF 078459 B  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
Allison Unit  
8. FARM OR LEASE NAME  
Allison Unit  
9. WELL NO.  
36  
10. FIELD OR WILDCAT NAME  
Basin Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15, T-32-N, R-7-W NMPM  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6693' 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.)\*

We have no immediate plans for drilling this well. Please rescind your Approval to Drill and we will resubmit our application at a later date.



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

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

SIGNED A. D. Buice TITLE Drilling Clerk DATE January 14, 1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NMOCC

\*See Instructions on Reverse Side

JAN 18 1982

FARMINGTON DISTRICT

BY smn