FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other)

Conservation is

9.0

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UNITED STATES	
DEPARTMENT OF THE INTERIO	1
GEOLOGICAL SURVEY	
	-

Dec. 1373	The product parent were the traffet	
UNITED STATES	5. LEASE	
DEPARTMENT OF THE INTERIOR	Jic. Apache Tribal Cont. #152	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jic. Apache	
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.)	7. UNIT AGREEMENT NAME	
	8. FARM OR LEASE NAME	
1. oil gas X other	Jicarilla 🚎 💲 💲	
Well Well Other	9. WELL NO. 152 H	
2. NAME OF OPERATOR EL PASO NATURAL GAS COMPANY	10 FIFLD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico	So. Blanco P.C. & Blanco M.V.	
	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 5, T-26-N, R-5-W N.M.P.M.	
AT SURFACE: 1480'S, 1665'W	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL:	R.A. N.M.	
AT TOTAL DEPTH:	14. API NO.	

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

change on Form 9-330.)

3 :-

gas X well well other 2. NAME OF OPERATOR EL PASO NATURAL GAS COMPANY 3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 below.) 1480'S, 1665'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: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF

(NOTE: Report results of multiple completion or zone

6552' 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.)*
- Spudded well. Drilled surface hole. Ran 5 joints 9 5/8", 32.3# H-40 7-8-78 surface casing, 209' set at 222'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct Drilling Clerk DATE (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

