

UNITED STATES *REVISED
DEPARTMENT OF THE INTERIOR COPY
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: 1750'N, 850'W
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

☐
☐
☐
☐
☐
☐
☐
☐

(other) Squeeze Cement, Reperf & Frac x

5. LEASE
SF 079493

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 27-5 Unit

8. FARM OR LEASE NAME
San Juan 27-5 Unit

9. WELL NO.
184

10. FIELD OR WILDCAT NAME
Tapacito Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-27-N, R-5-W
N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6599' GL

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

RECEIVED
MAY 13 1979

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.)*

This well was worked over as follows:

- 4-26-79: Ran Cement Bond Log.
- 4-27-79: Squeezed original perforations w/89 cu. ft. cement. WOC.
- 4-28-79: Resqueezed perforations w/89 cu. ft. cement. WOC.
- 4-30-79: Ran Bond log and tested casing to 4000#, OK. Perfed 3424-36, 3474-84' w/12 SPZ. Fraced w/95,000# 10/20 sand and 55,500 gal. foam. Dropped 2 sets of 6 balls each. Well sanded off.

*After Frac Gauge 374 MCF/D. Re-connected to pipe on 6-26-79.

Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED D. P. Buco TITLE Drilling Clerk DATE May 1, 1979

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

