well

2. NAME OF OPERATOR

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

ABANDON* (other)

1000

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UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	Budget Bureau No. 42R142-			
	5.	LEASE		
		SF 080674		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
	7.	UNIT AGREEMENT NAME		
nt		San Juan 27-4 Unit		
	8.	FARM OR LEASE NAME		
		San Juan 27-4 Unit		
	9.	WELL NO.		
	#75			
	10.	FIELD OR WILDCAT NAME		
		Tapacito P.C. Ext.		
	11.	SEC., T., R., M., OR BLK. AND SURVEY OF		
7	ļ	AREA		
		Sec. 21, T 27N, R 4W		
	12.	COUNTY OR PARISH 13. STATE		
		Rio Arriba New Mexico		
	14.	API NO.		

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

(NOTE: Report results of multiple completion or zone

7169' G.L.

change on Form 9-330.)

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir, Use Form 9-331-C for such proposals.)

other

gas

well

X

El Paso Natural Gas Company

Isolate Casing Leak

3. ADDRESS OF OPERATOR	ADDRESS OF OPERATOR			
P.O. Box 289, Farmingt	on, New Mexico			
4. LOCATION OF WELL (REPORT LO	OCATION CLEARLY. See space 17			
AT SURFACE: 790'N, AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	790'W			
16. CHECK APPROPRIATE BOX TO REPORT, OR OTHER DATA	INDICATE NATURE OF NOTICE,			
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:			

U. S. GEOLOGICAL SURVEY FARMINCTON, N. M. 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

DATE .

On October 28, 1980, a packer was installed on 14" tubing in the subject well as a temporary means of isolating the casing leak from the producing formation. This date marks the start of the 90 day evaluation period in which the operator will determine the feasibility and economics of permanently repairing the casing leak.

measured and true vertical depths for all markers and zones pertinent to this work.)*

NOV 1 9 1980 OIL CON. COM. DIST. 3

Subsurface Safety Valve: Manu. and Type	St @ Ft
18. I hereby certify that the foregoing is true and correct SIGNED William F. Clark TITLE Roduction Aginus DATE	October 31,1980
(This space for Federal or State office use)	ACOLOUED DOO DUCCEN

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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