

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
PO Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790'N, 1770'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:

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

SUBSEQUENT REPORT OF

RECEIVED
OCT 29 1982

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

5. LEASE
SF 079491A

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.
113E

10. FIELD OR WILDCAT NAME
Blanco MV & Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.10, T-27-N, R-5-W, NMPM

12. COUNTY OR PARISH | 13. STATE
Rio Arriba | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6630' 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.)*

10-26-82 TD 3748'. Ran 88 jts. 9 5/8", 40.0#, N-80 intermediate casing (3733') set at 3747' with 591 cu.ft. cement. Float collar set at 3655'. WOC 18 hours. Top of cement at 2100'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED A. D. Guice TITLE Drilling Clerk DATE October 28, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

NMOCC

*See Instructions on Reverse Side

NOV 3 1982

FARMINGTON

BY SM