

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

P.O. Box 289, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 860'S, 1110'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:

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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.)*

The subject well was plugged and abandoned in the following manner:

6-10-82 Moved on location. Rigged up. Spotted a 20 sx class A cement plug. Pressure displace 5 sx into perforations. Leaving a cement plug from 2067' to 1510'. → Circulated well bore with fluid.

6-11-82 Well on vacuum. Respotted 20 sx cement plug. Pressure displace 5 sx into perforations. Leaving cement plug from 2067' to 1510'. W.O.C. 5 1/2 hours. Circulated wellbore. Spotted a 5 sx cement plug from 710' to 530' inside the production casing. Perforated 2 squeeze holes at 180'. Circulated 55 sx cement from 180' to surface leaving both the inside and outside of the casing full of cement.

Cut off the wellhead and installed dry hole marker.

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

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

SIGNED Loren W. Fathergill TITLE Engineer DATE June 15, 1982

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

APPROVED
JUL 30 1982
M. MILLENBACH
AREA MANAGER