| INITED OTATEO | - Daget Baleau No. 42-111424 |
|---|--|
| UNITED STATES | 5. LEASE |
| DEPARTMENT OF THE INTERPORT | SF 078146 |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| Do not use this form for proposals to drill or to despen on supplied to be different | |
| Do not use this form for proposals to drill or to de pen or hugblack to a different eservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME |
| 1. oil gas V other OIL DIST. | Newberry |
| 1. oil gas well other | 9. WELL NO. |
| 2. NAME OF OPERATOR | #4 344 3 3 3 3 |
| El Paso Natural Gas Company | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Blanco Mesa Verde |
| P. O. Box 289 Farmington, New Mexico 87401 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) | Section 9, T-31-N, R-12-W |
| AT SURFACE: 800'/S 800' /W | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | San Juan New Mexico |
| AT TOTAL DEPTH: | 14. API NO. |
| 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| ¥ | 6079' GL |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 0073 011 |
| EST WATER SHUT-OFF | |
| RACTURE TREAT | V=D 8881 # 8845 |
| CHOOT OR ACIDIZE RECE! | |
| REPAIR WELL PULL OR ALTER CASING TO TEN () 2. | (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING | 1000 change on Form 9-330.) |
| TO T | |
| DANDONE II II 9 CLOLOGIC | AL SURVEY 1 1926 1 1 1 1 1 1 1 |
| other) | N. N. M. San |
| | |
| 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 di | rectionally drilled, give subsurface locations and |
| measured and true vertical depths for all markers and zones pertinen | t to this work.)* |
| T | |

It is proposed to temporarly repair this well by setting a packer above 🦟 the perforation to isolate the suspected casing leak. The well will then be evaluated for permanent repair or plug and abandonment.

Approval is granted to test well for 90 days after installation of packer. At the end of that time it is required to permanently repair casing inorder to produce well.

| Subsurface Safety Valve: Manu. and Type | Set @Ft. |
|--|-------------------|
| 18. I hereby certify that the foregoing is true and correct Sr. Production | |
| SIGNED JOHN WITTE Engineer DAT | EFebruary 2, 1982 |
| APPROVED BY TITLE D | ATE |
| AMENDED FOR JAMES F. SIMS NMOCC DISTRICT ENGINEER | |
