

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
Box 289, Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1760'N, 1830'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
SF 078604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Scott

9. WELL NO.
21 (OWWO)

10. FIELD OR WILDCAT NAME
Undes Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T-32-N, R-10-W
N.M.P.M.

12. COUNTY OR PARISH | 13. STATE
San Juan | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KOB, AND WD)
6058' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

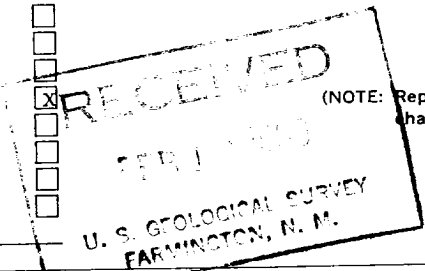
PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

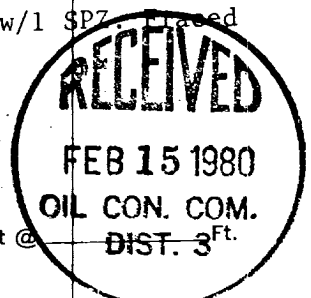
(other)



(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.)*

- 1-28-80: Plugged Pictured Cliffs Formations, Set a tubing stop on wireline at 2850'. Squeezed off perforations (2908-2924, 2928-2944') w/ 59 cu. ft. cement. Displaced cement w/ water and acetic acid on top of rubber plug. Shut well in with 800# on well head.
- 2-4-80: Completed Blanco Fruitland Formation. Tested casing to 4000#, OK. Perforated formation w/ one hole each at 2690, 2692, 2694, 2696, 2698, 2700' w/ 1 SPZ. Placed w/ 24,000# 10/20 sand, 34,000 gal. wtr. No Flush.



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

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

SIGNED D. D. Bices TITLE Drilling Clerk DATE February 12, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NM000

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

FEB 14 1980

FARMINGTON DISTRICT
BY M. L. Kuchera