| Form 9–331 (May 1963) | | | | |
|---|-------------------------|--|---|---|
| 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 "APPLICATION FOR PERMIT—" for such proposals.) | | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | GAS WELL X OTHER | · · · · · · · · · · · · · · · · · · · | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPER | | 8. FARM OR LEASE NAME | | |
| El Paso N | Natural Gas Co | Riddle C | | |
| 3. ADDRESS OF O | | ton. NM 87401 | ······································ | 9. WELL NO. |
| P. 0. BOX | (990, Farming | 2A | | |
| See also space At surface | 17 below.) | 10. FIELD AND POOL, OR WILDCAT | | |
| | L600'S, 885'E | Blanco Mesa Verde 11. SEC., T., R., M., OR HLK. AND SURVEY OR AREA | | |
| | | | | Sec. 30, T-31-N, R-9-W |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether | DF, RT, GR, etc.) | 12. COUNTY OF PARISH 13. STATE |
| | ······ | 6373' GL | · | San Juan N.M. |
| 16. | Check A | ppropriate Box To Indicate | Nature of Notice, Report, c | or Other Data |
| | NOTICE OF INTE | NTION TO: | SUB | SEQUENT REPORT OF: |
| TEST WATER | SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | X REPAIRING WELL |
| FRACTURE TR | EAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR AC | IDIZR | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* |
| (Other) | | CHANGE PLANS | (Other) | ults of multiple completion on Well |
| 17. DESCRIBE PROI | OSED OR COMPLETED OF | ERATIONS (Clearly state all perti- | pent details, and give pertipent da | empletion Report and Log form.) (tes, including estimated date of starting any |
| nent to this | work.) * | . Drilled surface | | rilcal depths for all markers and zones perti- |
| 08-10-77 | | h 224 cu. ft. cemen | 0 surface casing, 22 t. Circulated to su | 5' set at 240'. rface. WOC 12 hours; |
| | | | | free and and |
| | | | | |
| | | | | AUG 1 2 1977 |
| | | | U. | S. GEOLOGICAL SUBAR |
| | | | | |
| | | | | |
| | | | | |
| 18. I hereby certi | fy that the foregoing' | is true and correct | | |
| SIGNED | . J. Dr. | TITLE | Drilling Clerk | DATE August 11, 1977 |
| (This space f | or Federal or State of | lice use) | | |
| APPROVED I CONDITIONS | 3Y OF APPROVAL, IF . | ANY: | | DATE |
| | | | | |

*See Instructions on Reverse Side