

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 CO.
3. ADDRESS OF OPERATOR
BOX 990, FARMINGTON, NEW MEXICO
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1035'N, 800'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

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) ☐

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5. LEASE
SF 078389
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
LUCERNE A
9. WELL NO.
9
10. FIELD OR WILDCAT NAME
BLANCO P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-31-N, R-10-W
NMPM
12. COUNTY OR PARISH
SAN JUAN
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6119' 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.)*

4/19/78: Spudded well. Drilled surface hole.
Ran 3 joints 8 5/8", 20# K-55 surface casing, 133' set at 145'.
Cemented with 136 cu. ft. cement. Circulated to surface. WOC
12 hours; held 600# 30 minutes.

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

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

SIGNED M. P. Diers TITLE Drilling Clerk DATE 4/20/78

(This space for Federal or State office use)

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

