

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, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1700'S, 1840'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:

- 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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☐
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☐

RECEIVED
APR 13 1981

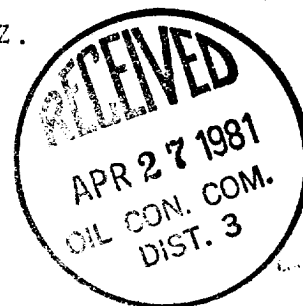
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
NM 0606
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Atlantic A
9. WELL NO.
5A
10. FIELD OR WILDCAT NAME
Blanco MV & Blanco PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, 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)
6329' GL

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.)*

4-8-81: PBTD 5732'. Tested casing to 4000#, OK. Perfed: 3100-3119, 3128-3150, 3161-3175, 3191-3202' W/16 SPZ. Fraced w/ 65,000#, 10/20 sand, 80,250 gal. wtr. Flushed w/5250 gal. wtr.



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

ACCEPTED FOR RECORD

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

SIGNED A. D. Busco TITLE Drilling Clerk DATE APR 24 1981
April 9, 1981

(This space for Federal or State office use)

FARMINGTON DISTRICT

BY RB

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

NMOCC