

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 990, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1840'N, 950'W  
AT SURFACE:  
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:

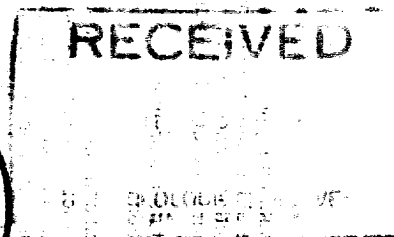
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Include a short summary of pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is drilled or deepened, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

8-6-78 Spudded well. Drilled surface hole. Ran 3 joints 8 5/8", 24# H-40 surface casing, 126' set at 136'. Cemented with 100 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

5. LEASE SF 078389A	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME San Juan 32-9 Unit	
8. FARM OR LEASE NAME San Juan 32-9 Unit	
9. WELL NO. 97	
10. FIELD OR WILDCAT NAME Blanco P.C. Ext.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-31-N, R-10-W N.M.P.M.	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6303 GL	

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



Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED A. P. Suico TITLE Drilling Clerk DATE 8-7-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: