

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

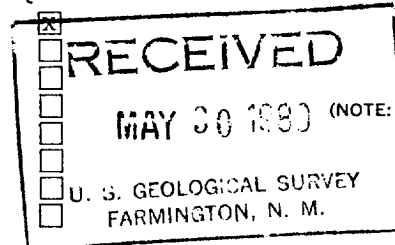
3. ADDRESS OF OPERATOR
Box 289 Farmington, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1530'S, 1080'W
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:



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.
14

10. FIELD OR WILDCAT NAME
Blanco Pictured Cliffs

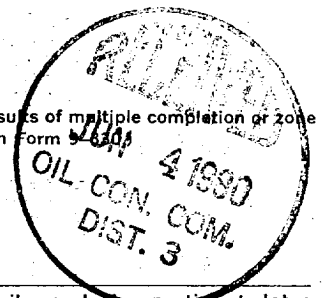
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T-31-N, R-10-W

12. COUNTY OR PARISH
NMPM San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6310' 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.)*

5-22-80: Spudded well. Drilled surface hole. Ran 5 joints 8 5/8", 24#, KS surface casing 204' set at 215'. Cemented w/ 165 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

ACCEPTED FOR RECORD

JUN 3 1980

FARMINGTON DISTRICT

Subsurface Safety Valve: Manu. and Type _____ BY [Signature] Set @ _____ Ft.

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

SIGNED A. G. Guisco TITLE Drilling Clerk DATE May 29, 1980

(This space for Federal or State office use)

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