

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil ☐ gas ☐ other ☒ Gas Storage Well

2. NAME OF OPERATOR

Gas Company of New Mexico

3. ADDRESS OF OPERATOR Dallas, Texas
1800 First International Building 75270

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2080' FWL & 504' FSL

AT TOP PROD. INTERVAL: Same as above

AT TOTAL DEPTH: Same as above
Same as above

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*

ABANDON ☐ squeeze old perforations and reformat (New minor surface disturbance
(other) ☒ would be an occasion by workover)

SUBSEQUENT REPORT OF

JUL 1 1981

(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.)*

- 1) Due to poor production performance of this well, we propose to recomplete this well in mid of July, 1981.
- 2) Pull tubing and run in hole with cement retainer and set at 2210'
- 3) Establish injection rate
- 4) Cement squeeze perforations (2243' - 2265, 12 holes)
- 5) Drill out retainer and cement in casing and pressure test squeeze to 3000#
- 6) Reperforate Aqua Zarca as follows: 2232 - 2242, 1 shot/ft and 2317' - 2325, 1 shot/ft
- 7) Do small acid clean up job if needed
- 8) Run in hole with packer and 2 3/8" tubing and set packer at 2247' between two sets of perforations, then put on line

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

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

SIGNED Jerry Alan TITLE Reservoir Engineer DATE 6/26/81

(This space for Federal or State office use)

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

NMOCC

***See Instructions on Reverse Side**

5. LEASE
14-08-0001-12395

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Las Milpas Gas Storage

8. FARM OR LEASE NAME
San Ysidro

9. WELL NO. 8

10. FIELD OR WILDCAT NAME
Las Milpas

11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA Sec. 20, T15N, R1E
N.M.P.M.

12. COUNTY OR PARISH Sandoval	13. STATE New Mexico
----------------------------------	-------------------------

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
58.4 Ft. Ground level