Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES

| DEDARTMENT OF THE INTERIOR   | J. LEASE                      |  |
|--|-------------------------------|--|
| DEPARTMENT OF THE INTERIOR   | SF 078884                     |  |
| GEOLOGICAL SURVEY  | 6. IF INDIAN, ALLOTTE         | E OR TRIBE NAME  |
| SUNDRY NOTICES AND REPORTS ON WELLS  | 7. UNIT AGREEMENT NAME        |  |
| (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.)   | Canyon Largo                  | Unit   |
|  | 8. FARM OR LEASE NA           |  |
| 1. oil gas well other  | Canyon Largo Unit 9. WELL NO. |  |
| 2. NAME OF OPERATOR  | 281                           | ·  |
| El Paso Natural Gas Company  | 10. FIELD OR WILDCAT NAME     |  |
| 3. ADDRESS OF OPERATOR   | So. Blanco P.C. Ottre Chara   |  |
| P. O. Box 289, Farmington, New Mexico 87401  | 11. SEC., T., R., M., OR      |  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | AREA Sec. 15                  | , T25N, R6W  |
| below.)<br>AT SURFACE: 1180' N, 1840' W/   | 12 0011177 00 04010           | d  |
| AT TOP PROD. INTERVAL:   | 12. COUNTY OR PARISH          | 13. STATE<br>New Mexico  |
| AT TOTAL DEPTH:  | 14. API NO.                   |  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  | 24. 7 7.110.                  |  |
| REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHO)          | W DF. KDB. AND WD  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF  | 6650' GL.                     | ,  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF   |                               |  |
| FRACTURE TREAT   |                               |  |
| SHOOT OR ACIDIZE   |                               | •  |
| REPAIR WELL  | (NOTE: Report results of m    | nultiple completion or zone  |
| MULTIPLE COMPLETE  | change on Form 9              | –330.)   |
| CHANGE ZONES   |                               |  |
| ABANDON*   (other) temporarily abandon   |                               |  |
| (other) comporarity abundon  | . <del>.</del>                |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen | irectionally drilled give cul | I give pertinent dates<br>bsurface locations and   |
| This well was drilled and completed in July o  | f 1077 The well               | would  |
| not produce so the well was re-perforated and  | fraced in Anril               | 1978   |
| The well still will not produce. Because of  | lack of production            | n. it  |
| is recommended that this well be classified a  | s temporarily aba             | ndoned   |
| for a period of one year for further evaluati  | on.                           |  |
|  |                               |  |
| TEMPORARY ABANDONMENT  | • .                           |  |
|  | 300                           | FILE   |
| MAR 2 4 1981   |                               | TIVEN)   |
| ***  | alale i                       | FIATO /  |
|  | I MAD                         | 2 4 1980   |
| Subsurface Safety Valve: Manu. and Type  | <b>1</b>                      | •  |
|  | * -                           | PR. COM. Ft.   |
| 18. I hereby certify that the foregoing a true and correct Production  |                               | ST. 3  |
| SIGNED ////////////////////////////////////  | DATE3-24-80                   | The state of the s |
| (This space for Federal or State office  |                               |  |
|  |                               |  |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:  | DATE                          |  |
|  |                               |  |

oh 5rh

I THE PERSON AS