

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.)

Form Approved.
Budget Bureau No. 42-R1424

1. oil ☐ well ☐ gas ☒ well ☐ other
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1500'S, 1460'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF 079266
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Vaughn
9. WELL NO.
14
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-26-N, R-6-W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6341' GL

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:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐

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

RECEIVED
JUN 19 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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.)*

It is intended to repair the casing failure by pulling the tubing, isolating the failure and squeeze cementing the leak. Following clean out, the casing will be tested to 600 psi, the tubing rerun and stung into the retainer and the casing - tubing annulus loaded with corrosion inhibitor.

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JUN 28 1984
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Make and Type _____

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

SIGNED [Signature] TITLE Project Drilling Engineer DATE June 19, 1984
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____ DATE _____
APPROVED

*See Instructions on Reverse Side

NMOCC

JUN 27 1984
S/James E. Edwards, Jr.
M. MILLERBACH
acting AREA MANAGER