

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 Exploration Company

3. ADDRESS OF OPERATOR  
P.O. Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1550'N, ~~860'N~~

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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☐  
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☐  
☐

5. LEASE  
Jicarilla 152 W

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla 152 W

9. WELL NO.  
6

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 5, T-26-N, R-6-W  
NMPM 5W

12. COUNTY OR PARISH

13. STATE

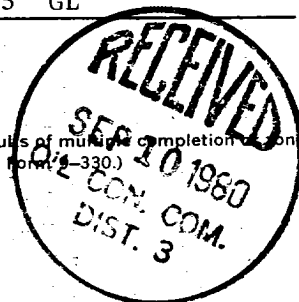
Rio Arriba

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6555' GL

(NOTE: Report results of multiple completion or 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.)\*

8-7-80: PBTD 7622'. Tested casing to 4000#, OK Perfed 7392,7405,7410,7417,7470, 7506,7513,7521,7554,7559,7586,7598' W/1 SPZ. Fraced w/ 129,801# 20/440 sand, 189,735 gal. wtr. Flushed w/ 4914 gal. wtr.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

*[Signature]*

Drilling Clerk

DATE

August 10, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

BY

FARMINGTON DISTRICT

*[Signature]*

NMCCG

See Instructions on Reverse Side