

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
PO Box 289, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650'S, 1700'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 ☐

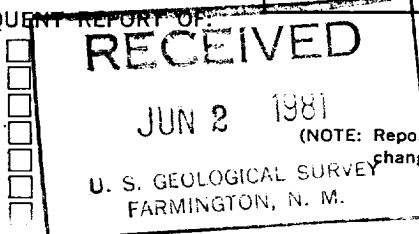
REPAIR WELL ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

SUBSEQUENT REPORT OF



5. LEASE
SF 079527
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 27-4 Unit
8. FARM OR LEASE NAME
San Juan 27-4 Unit
9. WELL NO.
36 (PM)
10. FIELD OR WILDCAT NAME
Tapacito PC & Blanco MV
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 36, T-27-N, R-1-W, NMPM
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7269' 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.)*

In order to repair a casing failure, it is intended to pull both tubing strings, set a retrievable bridge plug at 3980', isolate the casing failure, and squeeze cement the leak with a sufficient amount of cement to repair the failure. Following repair, both tubing strings will be rerun to isolate the producing formations.

Pressure test repaired casing.

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

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

SIGNED A. D. Buiss TITLE Drilling Clerk DATE June 2, 1981

(This space for Federal or State office use)

APPROVED BY JAMES F. SIMS TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT OIL & GAS SUPERVISOR

*See Instructions on Reverse Side