

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 Natural Gas Company
3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, N. M. 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below)
AT SURFACE 1062'/N, 1666'/W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.
CHECK FOR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT ON:

TEST WATER SHUT-OFF ☐

FRACTURE STIMULATION ☐

SHUT-IN ☐

REPAIR WELL ☐

PULL UP AND RE-SETTING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

5. LEASE
SF 080385
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Rincon
8. FARM OR LEASE NAME
Rincon Unit
9. WELL NO.
18
10. FIELD OR WILDCAT NAME
Blanco-Pictured Cliffs Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T27N, R7W
12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico
14. API NO.
15. ELEVATIONS (SHOW DE. KDB, AND W)
6697' GL

(NOTE: Report results of multiple completions, fracture stimulation, and change in Farm District.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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.)*

The surface equipment has been removed and the location restored.
The location is now ready for inspection. Seeding of the location
will be done at a later date.

APPROVED

MAR 13 1981
James F. Sims
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

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

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

SIGNED *Nesto Maldonado* TITLE **Production Engineer** DATE **7-3-78**

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

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 9-231-C for such proposals.)

1. oil ☐ gas ☒ other ☐
well well well
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See Note 17)
AT SURFACE 1062'/N, 1666'/W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.
REPORT OF OTHER DATA

REQUEST FOR APPROVAL TO
TEST WATER SEED OF
FRACTURE TREAT
STIMULANT
REPAIR WELL
PUMP OR ALTER FLOWING
MULTIPLE COMPLETES
CHANGE ZONES
ABANDON* ☒
(other) ☐

SUBSEQUENT REPORT OF
☐
☐
☐
☐
☐
☐
☐
☒

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 measured at true vertical depths for all markers and zones pertinent to this work.)*

The subject well was plugged in the following manner:

- 4-10-78 (1) 50 sacks of cement were pumped into the open hole section.
(2) A 200' cement plug was spotted inside the casing at the base of the Ojo Alamo.
- 4-11-78 (3) The casing was perforated at 1000' and a 40 sack cement plug was spotted through the perforations.
(4) The casing was perforated at 110' and a 40 sack cement plug was spotted through the perforations.
- 4-12-78 (5) A 10 sack cement plug was placed at the surface, a dry hole marker installed, and the location cleaned.

Note: A final subsequent report will be filed after the surface restoration is complete.

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED Nesta Maldonado TITLE Engineer DATE 4-19-78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

5. LEASE
SF 080385
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Rincon
8. FARM OR LEASE NAME
Rincon Unit
9. WELL NO.
18
10. FIELD OR WILDCAT NAME
So. Blanco-Pictured Cliffs Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY
AREA Sec. 35, T27N, R7W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW OF FACE AND V.)
(697' GL)

APPROVED

MAR 13 1981
James F. Sims
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR