

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 289, Farmington, New Mexico 87401
-
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1150'N, 1750'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:

SUBSEQUENT REPORT OF:

- | | |
|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |
| (other) _____ | <input type="checkbox"/> |
- Temporarily

(other) Temporarily Abandon

RECEIVED

JUN 11 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

1982 (NOTE: Report results of multiple completion or zone 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.)*

The subject well is currently shut-in and is waiting for partnership approval, to permanently repair the casing failure that exists in the well bore. It is requested that this well be temporarily abandoned until this approval has been received.

approved subject to repair work being completed
by Sept. 15, 1982

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

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

SIGNED Ward Hanson TITLE Engineer DATE June 4 1964

APPROVED BY: [Signature] TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL: IF ANY: 1062

CONDITIONS OF APPROVAL IF ANY: 1000

For JAMES F. SIMS
DISTRICT ENGINEER

INMOCC

***See Instructions on Reverse Side**

