

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
PO Box 289, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790'N, 790'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 ☐
ABANDON* ☐
(other) _____

SUBSEQUENT REPORT OF

RECEIVED
MAY 26 1981
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
SF 080674
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.
75
10. FIELD OR WILDCAT NAME
Tapacito Pic. Cliffs Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T-27-N, R-4-W
NMPM
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7169' GL

(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.)*

It is proposed that casing be replaced; therefore, tubing and packer will be pulled. Casing inspection log, caliper log, and free point will be run. Casing will be cut off below corroded pipe. The casing will be replaced. The casing string will be tied together with a Bowen casing bowl. The production packer will be rerun with the annular space loaded with corrosion inhibitor to aid in isolating the leak.

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

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

SIGNED Michael F. Sims TITLE Drilling Clerk DATE May 26, 1981

(This space for Federal or State office use)

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

JUN 4 1981
Michael F. Sims
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

NMOCCH

*See Instructions on Reverse Side