

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 ☐ gas ☒ other ☐

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P.O. Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

2200' S, 800'E

AT SURFACE:

AT TOP PROD. INTERVAL:

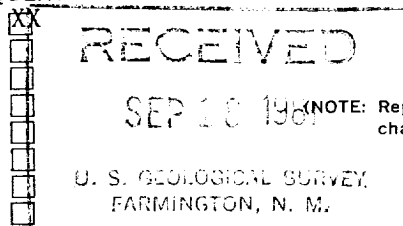
AT TOTAL DEPTH:

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:



5. LEASE
SF 080668

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.
139

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-27-N, R-4-W
NMPM

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6748' 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.)*

9-9-81: TD 4007'. Ran 104 joints of 7", 20#, K-55 intermediate casing 3995' set at 4007'. Cemented w/ 256 cf. cement. WOC 12 hours; held 1200#/30 minutes. Top of cmt. at 2650'.

9-12-81: TD 6269'. Ran 60 joints of 4 1/2", 10.5#, K-55 casing liner 2401' set 3869-6270'. Float collar set at 6250'. Cmted w/418 cf. cmt. WOC 18 hours.



Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED R. G. Busco TITLE Drilling Clerk DATE September 17, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

BY R. G. Busco

NMOCC