

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: 990' FNL, & 1650' FEL
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:

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5. LEASE
NM 013657
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
San Juan 28-6 Unit
8. FARM OR LEASE NAME
San Juan 28-6 Unit
9. WELL NO.
10
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T28N, R6W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6579' GL

(NOTE: Report results of multiple completion or zone change on Form 9-331-C.)

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.)*

A 7" 20-26# Perma-Latch packer Model #12 PL 7006 was set at 4513' in the subject well on February 11, 1981 with 22 jts. of 2 3/8" tubing and 2 jts. of 2 3/8" perforated tubing below the packer. This date marks the start of the 90 day evaluation period.

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

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

SIGNED Mark Manan TITLE Production Engineer DATE 2-13-81

(This space for Federal or State office use)

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

NMOCC