

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, NEW MEXICO 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1090' S, 1490' E
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE
SF 079193

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.
62A

10. FIELD OR WILDCAT NAME
Blanco MV

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-28-N, R-6-W
N.M.P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6581' G.L.

(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.)*

2-15-79: TD 3738'. Ran 90 jts. 7", 20#, K-55 intermediate casing, 3726' set at 3738'. Cemented w/245 cu. ft. cement. WOC 12 hrs., held 1200#/30 min. Top of cement 2700'.

2-19-79: TD 6051'. Ran 80 jts. 4 1/2", 10.5#, K-55 casing liner, 2460 set 3591-6051'. Float collar set 6033'. Cemented w/431 cu. ft. cement. WOC 18 hrs.

Subsurface Safety Valve: Manu. and Type

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

SIGNED A. D. Guisco TITLE Drilling Clerk DATE 5-31-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

