

## SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ 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.)

AT SURFACE: 1090'S, 1650'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:

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"/>

SUBSEQUENT REPORT OF

FEB 24 1981  
(NO

(NOTE: Report results of multiple completion on zone change on Form 9-330.)

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

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.)\*

2-8-81: PBTd 6160'. Tested casing to 3500#, oK. Perfed Point Lookout:  
5718,5733,5738,5742,5786,5792,5798,5816,5847,5869,5879,5910,5916,5950,5774,  
5986,6015,6034,6066,6106' W/1 SPZ. Fraced w/57,000# 20/40 sand, 114,000 gal.  
wtr. Flushed w/7635 gal. wtr.

Perfed CLiff House & Menefee:

5237,5238,5262,5298,5303,5317,5323,5346,5351,5360,5366,5416,5421,5515,5520,5555,  
5560,5570,5575,5580' W/1 SPZ. Fraced w/ 50,000# 20/40 sand, 100,000 gal. wtr.  
Flushed w/ 7300 gal. wtr.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED A. D. Susco TITLE Drilling Clerk DATE Feb. 17, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

# WACC

**\*See Instructions on Reverse Side**