Form 9-331 Dec. 1973

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

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Form Approved.

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 080516 A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME San Juan 28-5 Unit
(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.)	8. FARM OR LEASE NAME San Juan 28-5 Unit
1. oil gas well other 2. NAME OF OPERATOR	9. WELL NO. 14 A
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco Mesa Verde
	011. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20. T-28-N. R-5-W NMP1
below.) AT SURFACE: 1520'N, 1010'W AT TOP PROD. INTERVAL:	Sec. 20, T-28-N, R-5-W NMPI 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 5
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6637' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF EDACTIBE TREAT	

REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* ll-10-80: TD 3828'. Ran 91 joints 7", 20#, KS intermediate casing 3816' set at 3838'. Cemented w/ 303 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes. Top of cement at 2900'. Ran 80 joints 4 1/2", 10.5#, K-55 casing liner2467' set 11-14-80: TD 6124'. 3657-6124'. Float collar set at 6108'. Cemented ft. cement. WOC 18 hours. OIL CON. COM. DIST. 3 Set @ Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct TITLE Driling Clerk DATE November 19, 1980

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

(This space for Federal or State office use)

DATE