

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, N. M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1900'/N, 1915'/W, Sec. 34-27-9  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE  
SF 080117

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Huerfanito Unit

8. FARM OR LEASE NAME  
Huerfanito Unit

9. WELL NO.  
34

10. FIELD OR WILDCAT NAME  
Fulcher Kutz- Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34, T27N, R9W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6563' DF

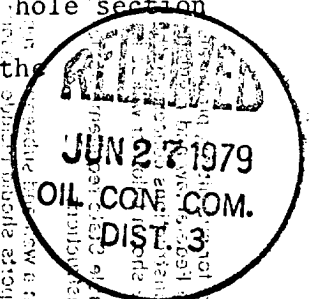
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

|                          |                          |                       |                                     |
|--------------------------|--------------------------|-----------------------|-------------------------------------|
| REQUEST FOR APPROVAL TO: |                          | SUBSEQUENT REPORT OF: |                                     |
| TEST WATER SHUT-OFF      | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| FRACTURE TREAT           | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| REPAIR WELL              | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| PULL OR ALTER CASING     | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| MULTIPLE COMPLETE        | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| CHANGE ZONES             | <input type="checkbox"/> |                       | <input type="checkbox"/>            |
| ABANDON*                 | <input type="checkbox"/> |                       | <input checked="" type="checkbox"/> |
| (other)                  |                          |                       |                                     |

(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.)\*

1. Circulated and killed well with water.
2. Pulled 1" tubing.
3. Used 2" work string to spot a 25 sk plug on bottom open hole section plus 100' into the casing.
4. Spot a 30 sack plug from 1804' to above 1600' to cover the Ojo Alamo.
5. Perforate at 84' and circulated 20 sk to surface.
6. Spot a 10 sk plug and install dry hole marker.



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

18. I hereby certify that the foregoing is true and correct  
SIGNED Wm. Welch TITLE Production Engineer DATE 6-20-79

(This space for Federal or State office use)

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

Wymoc