

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 ☒ well ☐ other ☐
2. NAME OF OPERATOR  
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR  
P. O. Box 990, Farmington, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650'S, 990'/E, Sec. 26  
AT TOP PROD. INTERVAL: 2387'  
AT TOTAL DEPTH: 2464

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:

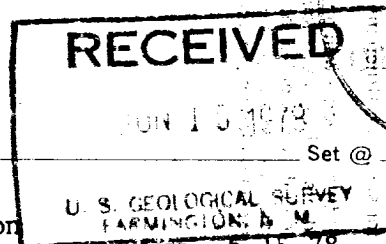
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5. LEASE  
SF 077951
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Frost
9. WELL NO.  
3
10. FIELD OR WILDCAT NAME  
Fulcher-Kutz Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SE Sec. 26, T27N, R10W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6610' DF

(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. Circulate the well and pull 1" tubing.
2. Plug open hole section plus 100' of the 7" casing with Approx. 50 sk.
3. Pull a free point and recover as much 7" casing as possible.
4. Spot a cement plug from 100' inside the casing stub to 50' above.
5. Spot a 200' plug from 1700' to 1500' in the open hole to cover the Ojo Alamo. (84 sk).
6. Spot a 10 sk surface plug and install a dry hole marker.
7. Clean up location and remove surface equipment.
8. Restore surface and reseed location.



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

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

SIGNED W. D. Welch TITLE Production Engineer

DATE 6-15-78

(This space for Federal or State office use)

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

*Q221*