

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, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) *800*
AT SURFACE: *900'N, 1500'E*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input checked="" 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"/>

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U.S. GEOLOGICAL SURVEY
WASHINGTON, D. C. 20508

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.)*

Set a packer and test for production.

Approval is granted to test well for 90 days after installation of packer. At the end of that time it is required to permanently repair casing in order to produce well. Notify this office by submitting a letter of intent on or before to repair casing.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

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SIGNED W. D. Sells TITLE Production Engineer DATE 3-6-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

DATE _____

APPROVED

MAR 13 1981
James F. Sims
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR