Form 9-331 (May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR (Other in verse side)

SUBMIT IN TRIPLICATE* instructions on re-

Form approved, Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

SF 078935

GEOLOGICAL SURVEY

| SUNDRY | NOTICES | AND | REPORTS | ON | WELLS |
|--------|---------|-----|---------|----|-------|

PULL OR ALTER CASING

6. UT INDIAN, ALLOTTEE OR TRIBE NAME +Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT..." for such proposals.) 7. UNIT AGREEMENT NAME WELL WELL OTHER 2 NAME OF OPERATOR 8, FARM OR LEASE NAME El Paso Natural Gas Company Thompson C 3. ADDRESS OF OPERATOR 9. WELL NO. PO Box 990, Farmington, NM 87401
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT At surface 990'N, 990'E West Kutz PC 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 10, T-27-N, R-12-WNMPM 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5944'DF <u>San Juan</u> 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

MULTIPLE COMPLETE ALTERING CASING FRACTURE TREAT FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDON MENT* REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Present Status (Other) X.

17. DESCRIBE PROPOSED OF 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.) *

Permission is requested to classify this well as temporarily abandoned. The well is presently being evaluated. Periodic visits will be made to the wellsite to check the bradenhead and surface equipment to insure the well stays in good condition.

WATER SHUT-OFF

2 1976 TEMPORARY ABANDONMENT

18. I hereby certify that the foregoing is true and correct Drilling Engineer SIGNED 🚣 (This space for Federal or State office use) APPROVED BY TITLE . DATE _ CONDITIONS OF APPROVAL, IF ANY: