

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 to backfill or to plug a well or to plug a 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
PO Box 289, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1460'S, 1750'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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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☐
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☐

RECEIVED

JAN 20 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
SF 077123
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Warren
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Blanco PC & Blanco MV
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-28-N, R-9-W, NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5774' GL

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.)*

12-5-81 This well was temporarily abandoned by pulling both strings of tubing and setting a retrievable bridge plug at 2100'.

It is now intended to permanently repair the casing leak by isolating the hole and squeeze cementing the failure with sufficient amount of cement. Following the clean out, the casing will be pressure tested to 750 psi. A Baker Model "D" packer will be set at 2280'. A string of 2 3/8" tubing will be run to the Mesa Verde and a string of 1 1/4" tubing run to the Pictured Cliffs.

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

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

SIGNED _____ TITLE _____ Project _____ January 20, 1982

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

JAN 21 1982
JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC