UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

5.	LEASE				
	SF	080	1	17	

7. UNIT AGREEMENT NAME Huerfanito Unit

10. FIELD OR WILDCAT NAME

San Juan

Huerfanito Unit

12. COUNTY OR PARISH 13. STATE

Blanco MV & Basin Dk

11. SEC., T., R., M., OR BLK. AND SURVEY OR

Sec.35, T-27-N, R-9-W,

NM

0

a wall

8. FARM OR LEASE NAME

9. WELL NO.

98

AREA

14. API NO.

		00	$\alpha + \gamma$			•
š.	IF IND	IAN,	ALLOT	TEE OR	TRIBE	NAME

VDUNIS	NOTICES	AND	REPORTS	Ω N	WELLS
SUNDKI	NUTICES	ANU	REPURIS	UIY	MAELFO

(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 Q well well

other

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 4289, Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)

AT SURFACE:

1500'N, 1650'E

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

TEST WATER SHUT-OFF

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF IV

368 GL

NOTE: Report results of multiple completion or zone

15 ELEVATIONS (SHOW DF, KDB, AND WD)

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

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.)*

It is intended to repair a suspected casing failure by pulling both strings of tubing, setting a retrievable bridge plug at 4475' and isolating the casing failure. If no hole is found, a CBL log will be run and the casing block squeezed above the Mesa Verde perforations. After the well is cleaned and · tested to 2000 psi, the dual tubing strings will

MAR 2 ± 1983

OIL COM. DIV. Set @

MAR 2 18 13 53

PASO NATURAL GAS

oregothg) is true and correct certify that the

Subsurfage Safety Valve: Manu. and Type _

Project MINGTON OFFICE

TITLE Drilling Engr. DATE __ March 17.

.. (This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DISTRICT ENG...

*See Instructions on Reverse Side