

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 ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR  
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR  
P.O. Box 289, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1840'/S, 1180'/E, Sec. 15-28-9  
AT TOP PROD. INTERVAL: As above  
AT TOTAL DEPTH: As above
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

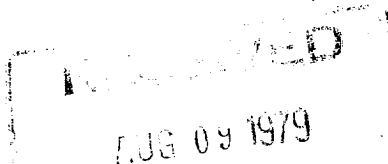
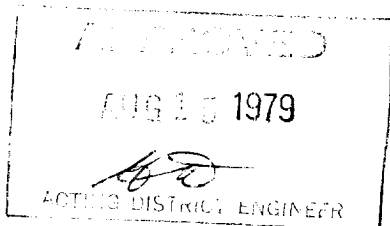
- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- |                      |                                     |                          |
|----------------------|-------------------------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/>            | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/>            | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/>            | <input type="checkbox"/> |
| REPAIR WELL          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/>            | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/>            | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/>            | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/>            | <input type="checkbox"/> |
| (other)              |                                     |                          |

5. LEASE  
SF 077111
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Michener
9. WELL NO.  
5
10. FIELD OR WILDCAT NAME  
Aztec P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SE Sec. 15, T28N, R9W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5944' GL

(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.)\*

Clean out well and set packer and tubing.  
A Casing leak is suspected. Casing Pack will be put in the annulus.



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

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

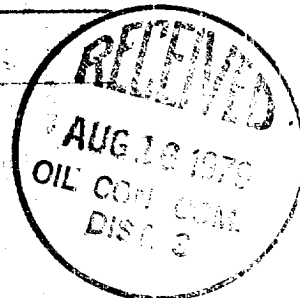
SIGNED Robert J. Treant TITLE Production Engineer DATE 8-9-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



NMOCC