

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
PO Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 810'N, 810'E
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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RECEIVED
JAN 25 1983

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.
11

10. FIELD OR WILDCAT NAME
Aztec Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.13,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)
5814'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.)*

It is intended to repair the casing failure by pulling the tubing and packer, setting a bridge plug above the perforations and isolating the leak. The failure will be squeeze cemented with a sufficient amount of cement to repair the leak. Following clean out of the cement the casing will be pressure tested to 700 psi, the bridge plug drilled out and the production tubing rerun.

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Subsurface Safety Valve, Manu. and Type _____ OIL CON. DIV. _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct _____ DIST. 3

SIGNED _____ TITLE Drilling Engr. DATE January 25, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 25 1983
JAMES F. STA
DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC