Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE				
SF 077384				

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

Huerfano

8. FARM OR LEASE NAME

Huerfano

1. oil well ☐   gas well ☒   other

9. WELL NO.

118

2. NAME OF OPERATOR

El Paso Natural Gas Company

10. FIELD OR WILDCAT NAME

Basin Dakota

3. ADDRESS OF OPERATOR

P. O. Box 990, Farmington, New Mexico 87401

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA   SE 30 T27N, R10W

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

AT SURFACE: SE-3, T27N, R8W 1650'S + 1650'E
AT TOP PROD. INTERVAL: a/a
AT TOTAL DEPTH: a/a

12. COUNTY OR PARISH	13. STATE
San Juan	New Mexico

14. API NO.

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5981 GR

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Run packer		X

(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.)*

Set Guiberson Mark VI packer and Baker on-off tool @ 6067' to shut off water. 2 3/8" tubing set @ 6222'.
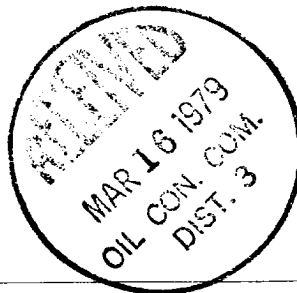
Subsurface Safety Valve: Manu. and Type _____   Set @ _____ Ft.

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

SIGNED _____   TITLE   Production Engineer   DATE   3-12-79

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side