

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 (505) 325-2841

3. ADDRESS OF OPERATOR
Box 4289, Farmington, N. M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650'S, 1650'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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Date of First Delivery

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RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY

5. LEASE
SF 077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Huerfano Unit

8. FARM OR LEASE NAME
Hueffano Unit

9. WELL NO.
118

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-27-N, R-10-W
N. M. P. M.

12. COUNTY OR PARISH
San Juan

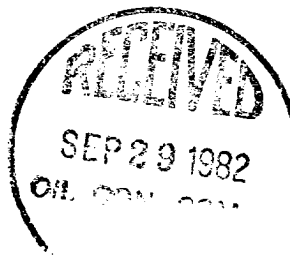
13. STATE
New Mexico

14. API NO.

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

This well was first delivered on September 22, 1982 - After casing repair and produced natural gas and entrained liquid hydrocarbons.



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

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

SIGNED D. B. Davis TITLE Drilling Clerk DATE 9-22-82

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

NMOCC

*See Instructions on Reverse Side

BY smm