

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
El Paso Exploration Company
3. ADDRESS OF OPERATOR
P.O. Box 289, Farmington, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990'S & 1619'W
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	<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 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) Set Packer to isolate casing failure.

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.)*

Ran a Baker Model C invertable packer on 1-1/4" IJ tubing to test for a casing failure. Found casing to be leaking. Left packer and tubing in well. Ran 91 Jts tubing - packer set @ 2987.44'.

Request 90 day evaluation period.

At the end of 90 days it is required to permanently repair casing in order to produce well. Notify this office by sundry notice of intent or plans to repair casing

5. LEASE
SF 078414
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Day A
9. WELL NO.
13
10. FIELD OR WILDCAT NAME
Undesignated Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 8, R-29-N, R-8-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)
6330 GR.

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

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

18. I hereby certify that the foregoing is true and correct
SIGNED C. J. Kuba TITLE Sr. Production Engineer DATE April 6, 1982

APPROVED BY
CONDITIONS OF APPROVAL

APPROVED

APR 14 1982

For JAMES F. SIMS
DISTRICT ENGINEER

TITLE

DATE

AS AMENDED

NMOCC