LINITED ATATEA	Budget Bureau No. 42-R1424	
UNITED STATES	5. LEASE	
DEPARTMENT OF THE INTERIOR	SF 078414	
GEOLOGICAL SURVEY	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 8. FARM OR LEASE NAME	
1. oil gas well well other	Day A 9. WELL NO.	
2. NAME OF OPERATOR El Paso Natural Gas Company	13	
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME	
PO Box 4289, Farmington, NM 87499	Undesignated Pictured Cliffs	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 990'S, 1916'W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-29-N, R-8-W, NMPM 12. COUNTY OR PARISH 13. STATE San Juan NM 14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15 SLEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	6330'	
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF	(NOTECNE of multiple completion or zone COLL N. https://or.com/	

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 750 psi, the bridge plug drilled out, and the production tubing rerun.

Subsurface Safety Valve: Manu. and Type	Set @	Ft.
18. I hereby certify that the foregoing is true and correct		
Project		: :
SIGNED TITTE Drilling Engr. DATE	March 15,	1983 -
(This space for Federal or State office use)		
APPROVED BY DATE DATE		
CONDITIONS OF APPROVAL FOR ANY LIMING SENSO		
S I DIMENTAL AND A SECOND SECO		

*See Instructions on Reverse Side