REPAIR WELL

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

(NOTE: Report results of multiple completion of zor change on Form 9-110.1 2 1

Dec. 1973	Budget Bureau No. 42-R1424	
UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE 25 25 25 25 25 25 25 25 25 25 25 25 25	
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME	
(Do not use this form for proposals to drill or to deepen or plug back to a differeservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Riddle D	
1. oil gas X other	9. WELL NO 3	
2. NAME OF OPERATOR El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME Blanco Mesa Verde	
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space below.)	AREA Sec.22, T-31-N, R-9-W, NMPM	
AT SURFACE: 1100'N, 810'W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan NM	
AT TOTAL DEPTH:	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOT REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	· ·	

(other) 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 above the bridge plug, isolating the casing failure, and squeeze cementing the failure with a sufficient amount of cement to isolate the leak. Following clean out, the casing will be tested to 750 psi, the bridge plug drilled out and the production tubing reran.

18. I hereby certify	that the foregoids a true and correct Project Drilling	DATE	Set @ 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Ft.
SIGNED	(This space for Federal or State office use)			
APPROVED BYCONDITIONS OF APPR	ROVAL, IF ANY:	DAT	"-APPROV	8.

See Instructions on Reverse Side

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