

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 Co.
3. ADDRESS OF OPERATOR
P.O. Box 289, Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1650'S, 1805' ~~W~~E
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☒
☒
☐
☐
☐
☐
☐
☐

5. LEASE

SF 078138

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Morris A

9. WELL NO.

11

10. FIELD OR WILDCAT NAME

Aztec Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR

AREA Sec. 29, T-30-N, R-11-NMPM

12. COUNTY OR PARISH

San Juan

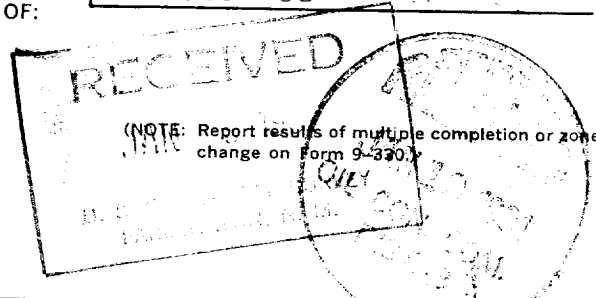
13. STATE

New Mexico

14. API NO.

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

5840' 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.)*

12-2-80: TD 2271' Ran 84 joints 2 7/8", 6.4#, J-55 production casing 2260' set at 2271'. Baffle set at 2261'. Cemented w/ 516 cu. ft. cement WOC 18 hours. Top of cement at 600'.

12-5-80: PBTD 2261'. Tested casing to 4000#, OK. Perfed: 2129, 2133, 2136, 2148, 2152, 2156' W/1 SPZ. Fraced w/ 22,000# 10/20 sand, 28,000 gal. wtr. Flushed w/ 2000 gal. wtr.

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

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

SIGNED A. P. Guico TITLE Drilling Clerk DATE Dec. 10, 1980

(This space for Federal or State office use)

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

BW

NMOCC

*See Instructions on Reverse Side