

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 Natural Gas Company
3. ADDRESS OF OPERATOR
Box 990, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650'N, 790' 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 <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 checked="" 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) Squeeze, Case Cement, Perf & Frac.

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.)*

In order to increase production, and repair a possible casing leak, it is planned to workover and restimulate this well in the following manner:

Pull tubing; if tubing is stuck, cut off approximately 100' below the 7" casing shoe, set a drillable cement retainer near the bottom of the 7" casing shoe, squeeze the open hole with 150 sacks of cement. Pressure test casing to 1000 psi.

Isolate and squeeze any leaks. If leaks are squeezed near the base of the Ojo Alamo, no additional block squeeze of the 7" annulus is planned.

If there are no leaks near the base of the Ojo Alamo, perforate squeeze holes at the base of the Ojo Alamo and block squeeze with 125 sacks of cement. (Over)

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

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

SIGNED A. H. Pineda TITLE Drilling Clerk DATE October 27, 1977

(This space for Federal or State office use)

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

5. LEASE
SP 078604
6. INDIAN, ALLOTTEE OR TRUST NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Scott
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-31-N, R-10-W
N. M. P. M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DE, KDB, AND WD)
6113' DF

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

