UNITED STATES	
DEPARTMENT OF THE INTERIOR	5. LEASE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	SF 078880
GEOLOGICAL SURVEY	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 different reservoir. Use Form 9–331–C for such proposals.)	Canyon Largo Unit NP
1. oil gas (Y)	8. FARM OR LEASE NAME
Well Well Other	9. WELL NO.
2. NAME OF OPERATOR El Paso Exploration Company	#146 3 6 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
3. ADDRESS OF OPERATOR	Ballard Pictured Cliffs
P.O. Box 4289, Farmington, NM 87499-4289	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA SAS SOCIETA
below.)	Sec. 9. T25N 위 R7W 최 사용기사
AT SURFACE: 930'S, 845'W, Sec. 9, T25N, R7W	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	그렇게 하는 어디 아름다고
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSECUENT REPORT OF	6412' GL
Marie and Control of the Control of	2 1. 1. 2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
FRACTURE TREAT RECEIV	
SHOOT OR ACIDIZE	
	NOTE: Report results of multiple completion or zone
TOLL OR ALIER CASING	Challes on Form 0.320\
MULTIPLE COMPLETE	
CHANGE ZONES U. S. GEOLOGICAL	SURVEY
ABANDON* FARMINGTON, I	SURVEY DESCRIPTION OF THE STATE
(other) X set packer	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	all nowhipped details and a second se
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.)*	
6-13-83: 국립시합 및 국립기업	
Pulled 68 jts. of 14" IJ tubing and ran Baker "C" packer. Tubing landed at	
2247'. Packer set at 2085'. Evaluation of well condition will be made at	
8 Tax 6 W 2 A	
	11.1/223 833 1 4 4 2 3
	OLCONIDM. 1975
	NET OF THE SECOND
Substitution Cofety Value Many and Time	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
Production	
SIGNED TITLE Engineer	DATE
(This space for Federal or State office use)	
APPROVED BY	ACCEPTED FOR RECORD
APPROVED BY TITLE	DATEDATE
CONDITIONS OF APPROVAL, IF ANY:	

NMOCC

*See Instructions on Reverse Side