Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* Office (Other instructions on re The Interior verse side) Office (Other instructions on re The Interior verse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

OIL WELL WELL X OTHER 2. NAME OF OPERATOR El Paso Natural Gas Company 3. Address of Operator 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 810°N, 1460°E Sen Juan 27-5 Unit 8. FARM OR LEASE NAME 9. WELL NO. 131 10. FIELD AND POOL, OR WILDCAT Basin Dakota 11. SEC., T., R., M., OR BLK. AND Sec. 20, 1-27-N, R-5-W N. M. P. M.	GEOLOGICAL SURVEY					SF 079892		
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3. ADDRESS OF OPERATOR BADE 200. PLATINGS TO BE ALL NO. 13.1 4. DEPARTMENT OF THE BOOK O	2. NAME OF OPERATOR		, <u>.</u>					
See also space 17 below) See also space 17 below) 10. FIRED AND FOOL, OR WIRDOW 11. ARC, R. L. M. OR REC. ADD Sec. 20, T-27 N. R. 5-W N. M. P. M. 12. CORNT OR 13. REPAIRON SO: 14. FERMIT NO. 15. REPAIRON SO: 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data RUBBERGE STATES SINCE OF INTERNOS TO: THE WATER SHUT-OFF FRACTURE THACK RICHARD ARTHON SO: WATER SHUT-OFF FRACTURE THE STREEMBAY ARTHON OR ACTORY FRANTS (Other) TO DESCRIPE CONSTRUCT OF PRANTS (Other) TO DESCRIPE CONSTRUCT OF PR								
BIO'N, 1460'E 14. PERMIT NO. 15. REVATIONS (Show whether M. M., G., C., S., S., W., OR, REV., AND. SEC. 20, TY., N., RSW., N.M., P. M. 14. PERMIT NO. 15. REVATIONS (Show whether M. M., G., C., S., S., W., OR, R., S., W., OR, R., M., P. M. 16. 17. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Internation to: 18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Internation to: 18. SEATE MATER BIUL-OFF FRACTURE TREATMENT REVEALED TO PRACTURE TREATMENT ARADRON MULTIPLE COMPLETE SHOOTH OR ACIDIEN GOODS OF COMPLETE OR PRACTURE TREATMENT TEXT ARADRON ARADRONMENT ARADR	3. ADDRESS OF OPERATOR				1			
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St.	See also space 17 below.) At surface							
14. PERMIT NO. 15. ELEVATIONS (Show whether Dr. N. T. G., etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERFED TO: THEST WATER SHOT-OFF PRACTURE TREAT SHOW OR ALTER CARING BEFARE WATER SHOT-OFF PRACTURE TREAT SHOW OR ALTER CARING CHANGE FLANS CHANGE								
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(Other) (Nowe: Report, results of multiple completion on Well (Completion or Recompletion Report and Log form.) 17. Descense Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent to this work.) 7-6-71 Spudded well, drilled surface hole. 7-17-71 Ran 7 joints 9 5/8", 32.3*, H-40 surface casing (224') set at 240' w/190 sacks of cement. W.O. C. 12 hours, held 600*/30 Min. 7-21-71 Ran 113 joints 7", 20*, J-55 intermediate casing (3568') set at 3582' w/130 sacks of cement. W.O. C. 14 hours, held 800*/30 Min. 7-27-71 Total depth 7700'. Ran 249 joints 4 1/2", 11, 6 & 10, 5* J-55 production casing (7688') set at 7700' w/325 sacks of cement. W.O. C. 18 hours. 7-29-71 P.B. T.D. 7681'. Perf. 7433-39', 7460-66', 7560-72', 7601-05', 7618-26', 7636-44', 7654-66' w/16 SPZ. Frac w/26,000* 40/60 sand, 26, 124 gal. water framed and true vertical depths for all markers and sones pertinent details, and true vertical depths for all markers and sones pertinent details, and give retails and true vertical depths for all markers and sones pertinent details, and give retails a]-			X			
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