Form Approved.

## UNITED STATES

|   |     | Budget Bureau No. 42-R1424              |
|---|-----|---|
| 1 | 5.  | LEASE                                   |
|   | S   | F 080675                                |
|   | 6.  | IF INDIAN, ALLOTTEE OR TRIBE NAME       |
| - |     |   |
|   | 7.  | UNIT AGREEMENT NAME                     |
| t |     | San Juan 27-4 Unit                      |
|   | 8.  | FARM OR LEASE NAME                      |
|   |     | San Juan 27-4 Unit                      |
|   | 9.  | WELL NO.                                |
|   |     | 101 (MD)                                |
|   | 10. | FIELD OR WILDCAT NAME                   |
|   |     | Blanco MV & Basin Dakota                |
|   | 11. | SEC., T., R., M., OR BLK. AND SURVEY OR |
| 7 |     | AREA Sec. 28, T-27-N, R-4-W             |
|   |     | N.M.P.M.                                |
|   | 12. | COUNTY OR PARISH 13. STATE              |
|   |     | Rio Arriba   New Mexico                 |
|   | 14. | API NO.                                 |
| , |     |   |
|   | 15. | ELEVATIONS (SHOW DF, KDB, AND WD)       |
|   |     | 7101' G.L.                              |
|   |     | :                                       |
|   |     |   |

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 difference reservoir. Use Form 9–331–C for such proposals.) gas  $\mathbf{x}$ well well other 2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 2010'N, 1690'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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (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.)\*

TD 8396'. Ran 54 joints  $4\frac{1}{2}$ '', 11.6#, N-80 & K-55 casing liner 1851' set 6545-8396'. Float collar set at 8381'. Cemented w/317' cu. ft. cement. WOC 18 hours.

Sept.

Subsurface Safety Valve: Manu. and Type \_\_\_ 18. I hereby certify that the foregoing is true and correct

Hesco TITLE Drilling Clerk DATE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

SEP 2 0 1979