UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Bouget Bureau No. 42-
5. LEASE	
NM 03521	

SUNDRY NOTICES AND REPORTS ON WELLS (Co. not use this form for impossible to dull or to deepen or plug back to a different respective the form—3-81-C for such proposable to dull or to deepen or plug back to a different respective the form—3-81-C for such proposable to dull or to deepen or plug back to a different respective the form—3-81-C for such proposable to dull or to deepen or plug back to a different respective the form—3-81-C for such proposable to dull or to deepen or plug back to a different respective to the form—3-81-C for such proposable to dull or to deepen or plug back to a different respective to the form—3-81-C for such proposable to dull or to deepen or plug back to a different Responding to the form—3-81-C for such proposable to dull or to deep not proposed to a different Responding to the form—3-81-C for such proposed to deep not plug back to a different Responding to the form—3-81-C for such proposed to a different responding to the form—3-81-C for such proposed to a different responding to the form—3-81-C form—	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
Well — Well — Well — Worther 2. NAME OF OPERATOR EL. PASO NATURAL GAS CO. 3. ADDRESS OF OPERATOR BOX 990, FARNINGTON, NEW MEXICO 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below). AT SUBFACE: 2520'S, 1060'W. 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 — New Mexico 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6587' GI. 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 coarse pertinent to this work.)* 9/9/78: Spudded well. Drilled surface hole. 9/10/78: Ran 5 joints 9 5/8", 32.3# H-40 surface casing, 221' set at 257'. Cemented with 224 cu. ft. cement. Circulated to surface. NOC 12 hours; held 600#/50 minutes. Subsurface Safety Valve: Manu. and Type	(Do not use this form for proposals to drill or to deepen or plug back to a different	San Juan 28-7 Unit 8. FARM OR LEASE NAME	
2. NAME OF OPERATOR BL PASO NATURAL GAS CO. 3. ADDRESS OF OPERATOR BOX 990, FARMINATION, NEW MEXICO 10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-27-N, R-7-K below.) AT SUBFACE: 3320'S, 1060'W AT TOP PROD. INTERVAL: AT TOP ADDITIONAL: AT TOTAL DEPTH: 12. COUNTY OR PARISH 13. STATE REPORT, OR OTHER DATA REQUEST FOR APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SHART SHUT-OFF CHANGE SHORT GRAPH CASING MULTIPLE COMPLETED CHANGE ZONES BASANDON' (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent datals, 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.)* 9/9/78: Spudded well. Drilled surface hole. 9/10/78: Ran 5 joints 9 5/8", 32.3= H-40 surface casing, 221' set at 257'. Cemented with 224 cu. ft. coment. Circulated to surface. WOC 12 hours; held 600=/50 minutes. Subsurface Safety Valve: Manu. and Type Set @ Ft. 18. Thereby certify that the foregoing is true and correct TITLE Drilling Clerk DATE 9/12/78 (This space for Federal or State office use)	· ; 9 ; [
AT SURRACE: 2320'S, 1060'N AT TOP PROD. INTERVAL: AT TOTAL DEPTH: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OF: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REQUITED OF HEAD OF THE NATURE OF NOTICE, REQUITED OF THE NATURE OF NOTICE, REPORT RESULTS of multiple completion or zone change on Form 9-330.) 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 diffied, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 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 diffied, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 9/9/78: Spudded well. Drilled surface hole. 9/9/78: Ran 5 joints 9 5/8", 52.3# H-40 surface casing, 221' set at 257'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; hold 600#/50 minutes. Subsurface Safety Valve: Manu. and Type Set @ Ft. 18. I hereby certify that the foregoing is true and correct SIGNED	EL PASO NATURAL GAS CO. 3. ADDRESS OF OPERATOR BOX 990, FARMINGTON, NEW MEXICO 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	111 10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-27-N, R-7-W	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 15. ELEVATIONS (SHOW DF, KDB, AND WD) (587° GL) 16. ELEVATIONS (SHOW DF, KDB, AND WD) (6587° GL) 16. ELEVATIONS (SHOW DF, KDB, AND WD) (6587° GL) 17. ELEVATIONS (SHOW DF, KDB, AND WD) (6587° GL) 18. ELEVATIONS (SHOW DF, KDB, AND WD) (6587° GL) 18. ELEVATIONS (SHOW DF, KDB, AND WD) (6587° GL) 19. CHANGE TREAT (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: Report results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES (NOTE: CHANGE ZONES) 19. CHANGE ZONES (NOTE: CHANGE ZONES) 19. CHANGE ZONES (NOTE: CHANGE ZONES)	AT SURFACE: 2320'S, 1060'W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico	
SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL WILL COMPLETE CHANGE ZONES BABANDON* (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.)* 9/9/78: Spudded well. Drilled surface hole. 9/10/78: Ran 5 joints 9 5/8", 52.3# H-40 surface casing, 221' set at 237'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/50 minutes. Subsurface Safety Valve: Manu. and Type Set © Ft. 18. I hereby certify that the foregoing is true and correct SIGNED		15. ELEVATIONS (SHOW DF, KDB, AND WD)	
9/10/78: Ran 5 joints 9 5/8", 32.3# H-40 surface casing, 221' set at 257'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes. Subsurface Safety Valve: Manu. and Type	FRACTURE TREAT SHOOT OR ACIDIZE PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	(NOTE: Report results of multiple completion or zone change on Form 9–330.) e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and to this work.)*	
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(This space for Federal or State office use)	Subsurface Safety Valve: Manu. and Type	Set @ Ft.	
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APPROVED BY	SIGNED A Alexander TITLE Drilling Cler	k DATE 9/12/78	
APPROVED BY TITLE DATE	(This space for Federal or State offic	e use)	
	APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	PATE RECEIV	

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