UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424	
	5. LEASE	
	SF 079052	
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	7. UNIT AGREEMENT NAME	
nt		
	8. FARM OR LEASE NAME	
	Rincon Unit	
	9. WELL NO.	
	81A	
	10. FIELD OR WILDCAT NAME	
	Blanco MV	
	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
7	AREA Sec. 17,T-27-N,R-6-W	
	NMPM	
	12. COUNTY OR PARISH 13. STATE	
	Rio Arriba New Mexico	
	14. API NO.	
Ξ,		

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas K other	Rincon Unit
	9. WELL NO.
2. NAME OF OPERATOR	81A
EL PASO NATURAL GAS CO.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco MV
BOX 990, FARMINGTON, NEW MEXICO 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-27-N, R-6-W
below.)	NMPM NMPM
AT SURFACE: 1140'S,1040'E	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6577' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	USC 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	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent 8/27/78: Spudded well. Drilled surface hole H-40 surface casing, 223' set at 237'. Cemer Circulated to surface. WOC 12 hours; held 60	irectionally drilled, give subsurface locations and to this work.)* e. Ran 5 joints 9 5/8", 32.3# ated with 224 cu. ft. cement.
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct signed	Set @Ft.
(This space for Federal or State offi	ce use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE GENTE
	$I_{m}I_{m}$

SEP 1 1973

*See Instructions on Reverse Side

U. S. GEORGOIDAL SURVEY