

UNITED STATES
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 different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ 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: 1040'S, 850'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

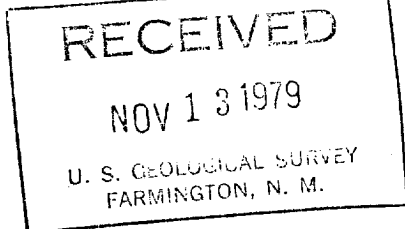
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(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.)*

10-21-79: TD 4391'. Ran 109 joints 7", 20 & 23#, K-55 & N-80 intermediate casing, 4379' set at 4391'. Cemented w/ 207 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes.

10-24-79: TD 6662'. Ran 74 joints 4 1/2", 10.5#, K-55 casing liner 2413' set 4249-6662'. Float collar set at 6645'. Cemented w/ 424 cu. ft. cement. WOC 18 hours.



Subsurface Safety Valve: Manu. and Type _____ Set @ 10715 1979

18. I hereby certify that the foregoing is true and correct

SIGNED A. G. Drisco TITLE Drilling Clerk DATE October 25, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE SF 080670	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME San Juan 27-4 Unit	
8. FARM OR LEASE NAME San Juan 27-4 Unit	
9. WELL NO. 20 A	
10. FIELD OR WILDCAT NAME Blanco Mesa Verde	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-27-N, R-M-W N.M.P.M.	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 7202' GL	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)