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UNITED STATES DEPARTMENT OF THE INTERIOR

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6.	IF IN	DIAN, AL	LOTTEF (OR TRIRE	NAME

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 San Juan 27-5 Unit			
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME San Juan 27-5 Unit			
1. Oil well other 2. NAME OF OPERATOR	9. WELL NO. 56A			
El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME Blanco PC & Blanco MV			
3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-27-N, R-5-V NMPM 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)				
AT SURFACE: 1790'N, 815'W AT TOP PROD. INTERVAL:				
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.			
REPORT, OR OTHER DATA	15 FLEVATIONS (SHOW DE KDR AND WD)			

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

6512' GL

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.)*

SUBSEQUENT REPORT OF:

ll-21-80: PBTD 58347'. Tested casing to 3500#, OK. Perfed Mass. & Lower P.L.: 5410,5415,5420,5426,5432,5444,5450,5456,5491,5496,5505,5511,5548,5578 5595,5608,5712' W/1 SPZ. Fraced w/ 41,000# 20/40 sand, 118,000 gal. w wtr. Flushed w/7140 gal. wtr.

Perfed Cliff House & Menefee: 4882,4890,4896,4917,4944,4950,4956,4971,4978,4990,4995,5002' W/1 SPZ. Fraced w/ 35,300# 20/40 sand, 97,300 gal. wtr. Flushed w/ 6750 gal. wtr.

Perfed Pictured Cliffs: 3237-56,3260-70,3284-98,3298-3312' W/16 SPZ. Fraced w/ 60,000# 10/20 sand, 72,000 gal. wtr. Flushed w/ 5500 gal. wtr. Droppped 3 sets Subsurface Safety Valve: Manu. and Type _______ Set @ ______ Ft. of 16 balls each.

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

SIGNED AV. DUSCO TITLE Drilling Clerk DATE Nov. 24, 1980

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

_ TITLE .

_ DATE

MOCC

*See Instructions on Reverse Side

BW

