Form 9-331 (May 1963)	DEPARTMENT (O STATES OF THE INTERIC ICAL SURVEY	SUBMIT IN TRIPLICATE (Other instructions on reverse side)	
SUN (Do not use this	G. IF INDIAN, ALLOTTEE OR TRIBE NAM			
OIL GAS WELL 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME SJ 28-6 Unit 8. FARM OR LEASE NAME			
El Paso Nati	9. WELL NO.			
P. O. Box 99 4. Location of well (R See also space 17 belo At surface	108 10. FIELD AND POOL, OR WILDCAT S. Blanco, P. C. 11. SEC., T., R., M., OR BLK. AND			
990' N, 1600)' W, Sec. l, T-	27-N, R-6-W		SURVEY OR ARKA
14. PERMIT NO.	15. ELEV.	ATIONS (Show whether DF, I	RT, GR, etc.)	Sec. 1-27-6 12. COUNTY OR PARISH 13. STATE
10		6463' DF		Rio Arriba New Mex.
16.	Check Appropriate or intention to:	: Box To Indicate No	iture of Notice, Report, or (Other Data
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR AL MULTIPLE C ABANDON* CHANGE PLA	OMPLETE	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)tubing (Note: Report result Completion or Recomp	REPAIRING WELL ALTERING CASING ABANDONMENT* The installed X S of multiple completion on Well bletion Report and Log form.) In including estimated date of starting and completed in the complete in the
of $1 1/4$ ind	s a 2 7/8 inch seh IJ tubing was was set at 3282.	installed to h	etion. On August 31 be used as a product	., 1970, 101 joints ion or siphon and many planshop and the first of the control
18. I hereby certify that/	the foregolyg is true and	correct		
SIGNED	of April	TITLE Pr	oduction Engineer	DATE 9-23-70
(This space for Feder	al or State office use)	=======================================		#일일점# 42 . 122 #
APPROVED BYCONDITIONS OF AP	PROVAL, IF ANY:	TITLE		To the series of
		*Con Instructions	n Paulama Cida	

*See Instructions on Reverse Side

14