UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	SF_078001-B	1 - A
6.	IF INDIAN, ALLOTTEE OR TRIB	ENAME

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 gas well □ well □ other
2.	NAME OF OPERATOR
	El Paso Natural Gas Company
	ADDRESS OF OPERATOR
	O. Box 4289, Farmington, NM
	LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
	pelow.)
	AT SURFACE:

132

7. UNIT AGREEMENT NAME Huerfano Unit

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD OR WILDCAT NAME Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T26N, R10W / N.M.P.M. 12. COUNTY OR PARISH 13. STATE

New Mexico

San Juan 14. API NO.

5. LEASE

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6711' GL

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

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) Check for casing

AT TOTAL DEPTH:

AT TOP PROD. INTERVAL:

SUBSEQUENT REPORT OF: AUG 2 5 1903 (NOTE: Report results of multiple completion or change on Form 9-330.)

OF LAND MANAGE AREA

OF CHARESOURCE BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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.)*

It is proposed to set a cement retainer at approximately 6500 to check for a possible casing leak.

Subsurface Safety Valve: Manu. and Type __ 18. I hereby certify that the foregoing is true and correct

Malt TITLE Production Eng.

___ DATE .

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

AREA MANAGER

*See Instructions on Reverse Side