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

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			REPORTS		
(Do not use this fo reservoir, Use Form	rm for proposals 1 9–331–C for sw	to drill o	or to deepen or plaals.)	lug bac	k to a differe

8. FARM OR LEASE NAME

 \mathbf{X} other well well

P.L. Davis 9. WELL NO.

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

El Paso Natural Gas Company

4 (OWWO) 10. FIELD OR WILDCAT NAME

3. ADDRESS OF OPERATOR

Box 289, Farmington, New Mexico 87401

Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AREA Sec. 35, T-26-N, R-11-W

N.M.P.M. 12. COUNTY OR PARISH 13. STATE

AT SURFACE: 800'N, 800'E AT TOP PROD. INTERVAL:

San Juan

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) 6376' GL

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

(other)

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

SUBSEQUENT REPORT OF:

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

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.)*

10-20-79: Moved on location, pulled tubing. Set RTTS packer at 3093 and set Cement Retainer at 3036' and squeezed w/ 295 cu. ft. cement. WOC Cleaned out to T.D.

10-24-79: Ran 194 joints 2 3/8", 4.7#, J-55 tubing 6133' set at 6144' with a Guiberson Uni Packer III set at 6011'. Will return to production.

> RECEIVED OCT 24 1979 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

Subsurface Safety Valve: Manu. and Type __

Set @

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

SIGNED

Drilling Clerk DATE TITLE

1979 October 24,

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE

NMOCC

*See Instructions on Reverse Side