Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* (Other Instructions on reverse side) PARTMENT OF THE INTERIOR SUBMIT IN TRIPLICATE* (Other Instructions on reverse side) 5. Lease designation and Serial No.

DATE _.

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 "APPLICATION FOR PERMIT-" for such proposals.)				SF 078060-P 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL OTHER			Huerfano Unit 8. FARM OR LEASE NAME		
2. NAME OF OPERATOR			8. FARM OR DEASE NAME		
	El Paso Natural Gas Company . ADDRESS OF OPERATOR			9. WELL NO.	
3.	P.O. Box 990 Farmington, New Mexico 87401			205	
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT	
	At surface			Basin Dakota	
	1850's, 1950'E, Sec. 28, T-26-N, R-9-W			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
				Sec. 28, T-26-N	, R-9-W
14.	. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		RT, GR. etc.)	12. COUNTY OR PARISH 13. ST	TATE
		6467 GL		San Juan Nev	w Mexico
16.	Check A	ppropriate Box To Indicate N	ature of Notice, Report, or C	Other Data	
				UENT REPORT OF:	
	[]	· ·	WATER SHUT-OFF	X REPAIRING WELL	
		PULL OR ALTER CASING MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
	FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*	
		CHANGE PLANS	(Other)	of multiple completion on Wal	
	(Other)		Completion or Recomp	s of multiple completion on Well detion Report and Log form.)	
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.)* A cement retainer was set at 6592 to isolate the lower Dakota from the well bore.				
	The tubing was reset at 6545.57			TIOM ONE WELL DOTE	•
	The tubing was reset	80 0747•71	÷		-
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18	8. I hereby certify that the foregoing SIGNED	Is true and correct	Fodans Emma	DATE _ & 4/-7.	<u>(</u>
ī	(This space for Federal or State of	flice use)		i ta a galaba a da a a galaba a sa	

TITLE

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY: