CHANGE ZONES

ABANDON* (other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

as produced a

A PARTY OF THE PAR

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	SF 078461 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WEL	
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas X other	Filan
Well — Well Other	9. WELL NO.
2. NAME OF OPERATOR	3Y
El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	S. Blanco, Pictured Cliffs
Box 289, Farmington, New Mexico 87	401 11. SEC., T., R., M., ÓR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See spa	
below.) 1030'N, 1830'W AT SURFACE:	N.M.P.M
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NO	14. API NO.
REPORT, OR OTHER DATA	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	OF: 6072 GL
TEST WATER SHIT OFF	CEIVED
REPAIR WELL	R 1 5 10NOTE: 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.)*

U. S. CEOLOGICAL SURVEY

FARMINGTON, N. S.

4-10-80: PBTD 2443'. Tested casing to 4000#, OK. Perfed 2249,2290,2296,2302, 2308,2313,2318,2323,2327,2337' W/1 SPZ. Fraced w/47,000# 10/20 sand, 52,000 gal. wtr. Flushed w/ 546 gal. wtr.

Subsurface Safety Valve: Manu. and Typ	e	BY 🔏	2/91	Good F
18. I hereby certify that the foregoing is			\$ 3 \$	COLIVE
SIGNED SHACE	TITLE Drilling Clerk	DATE	Apri	/ Dr. 1980 []
	(This space for Federal or State office use)			APR 1 7 1980
APPROVED BY	TITLE	_ DATE		M1 1/
CONDITIONS OF APPROVAL, IF ANY:			1 1 1 1 1 1	OIL CON GOM.

*See Instructions on Reverse Side