5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR	<u>NM013657</u>
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plus back to a different	San Juan 28-6 Unit
(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.)	8. FARM OR LEASE NAME
1. oil gas G	San Juan 28-6 Unit
well well tother	9. WELL NO.
2. NAME OF OPERATOR	10
El P <b>a</b> so Natural Gas Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Mesa Verde
P. O. Box 289 Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OF
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	AREA
AT SURFACE: 990' FNL & 1650' FEL	Section 25, T-28-N, R-6-W
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH:	Rio Arriba   New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. AFT NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
DECUIEST FOR APPROVAL TO	6579' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0075 01
FRACTURE TREAT	TO THE PROPERTY OF THE PARTY OF
SHOOT OR ACIDIZE	
REPAIR WELL RECEIVE	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*  (other)  U. S. GSOLOGICAL	SURVEY
(other) U. S. REDICTION, N	. M.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent.  A 7" retrievable packer was set on Feb. 11, repair a suspected casing failure. Since the in and is not capable of production. Therefore 90 day extension be approved to evaluate this and a possible sidetrack. The 90 day partial.	1981, in order to temporarily nat time the well has been shut fore, it is requested that a
and a possible sidetrack. The 90 day period approval of this notice.	
approvat of this hotice.	
	AN 1 1 1982
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Name of the state	CON. COM.
Subsurface Safety Valve: Manu. and Type	DIST. 3
18. I hereby certify that the foregoing is true and correct  Production	J. Sarah
SIGNED Production Engineer	10 State Control
SIGNED WITH Engineer Engineer	DATE-January 5, 1982
hi s ace for Federal or State office	e use)
APPROVED BY TOTAL TITLE	DATE
CONDITIONS OF PEROVALLATION 7 1982	UAIE
For JAMES F. SIMS	
DISTRICT ENGINEER NMOCC	
See Instructions on Reverse Sid	le