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CONDITIONS OF APPROVAL, IF ANY:

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## UNITED STATES DEPARTMENT OF THE INTERIOR CEGLOCICAL SUBVEY

| SUNDRY NOTICES AND REPORTS ON WELLS  Characterist from the records by selling the temperator play tack to a deformation that from the records by selling the temperator play tack to a deformation of the temperator of the temperator play tack to a deformation of the temperator of the | DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY   | SF 078417-A<br>6. IF INDIAN, ALLOTTET OR TRIBE MAMI  |
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| 1. Oil gas X other 2. NAME OF OPERATOR E1 PERO NATURAL GOS COMPANY 3. ADDRESS OF OPERATOR P.O. BOX 990, Farmington, N. M. 4. COCATION OF WILL REPORT LOCATION CLEARLY See space 17 below) AT SURFACE: 990'S, 2250'/K AT TOP PROD. BUT EXPORT LOCATION CLEARLY See space 17 REPORT, OR OTHER DATA  REQUEST FOR APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL FO: SUBSEQUENT REPORT OF: TEXT WATER SHULLO!* FRACTURE TREAT SHOLO OR ALDITE CASING MULTIPLE COMPLETE CHANGE CONES ADMINISTRATE CASING MULTIPLE COMPLETE CHANGE CONES ADMINISTRATE SHULLO!*  17. DISCRIBE PROPOSED OR COMPLETE OF REPORT OF: TREAT WILL 17. DISCRIBE PROPOSED OR COMPLETE OF ADMINISTRATE SHOULD SHOW OF SOME OF ADMINISTRATE SHOULD SHOW OF SOME OF ADMINISTRATE SHOWN OF ADMINISTRATE SHOW OF ADMINISTRATE SHOWN OF ADMINISTRATE SHOW OF ADMINISTRATE SHOWN OF A |   | 1  |
| well 1 well 21 other  2. NAME OF OPERATOR E1 PASO NATURAL GOS COMPANY  3. ADDRÉSS OF ÓPERATOR P.O. ROX 990, Farmington, N. M.  4. ICCALION OF WELL (REPORT LOCATION CLIARLY See Space 17 below) AT TOTAL DEFORM.  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TIST WATER SHOTOP [] FRACTURE THEAT SHOTOR ACHORD REPARR WELL PUBLIC OR ALITE CASING MULTIPLE COMPLETE.  17. DISCRIBE PROPOSED OR COMPLETE OF RATIONS (Clearly state a Lordrent of Single State of The Complete including estimated date of State; ins promesed work. If well's fine to only fine including sationated depths for all markers and zones performed to the werical depths for all markers and zones performed to the werical depths for all markers and zones performed to the werical depths for all markers and zones performed to the were complete including performance of the complete complete complete including performance of the complete complet | reservoir, Use form 9-331 -C for such proposition   | I the state of the |
| B1 Paso Natural Gas Company  3. Address of Operators P.O. Rox 990, 'Parrington, N. M.  4. IOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) AT SUBFACE: 90019, 22501/R AT TOP PROD. INTERVAL: AT TOP ALL DEFFH:  16. CHECK APPROPRIATE BOX 10 INDUCAL NATURE OF MOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHULDIT: FRACTURE TREAT SHOOT OR ACIDIZE REPORT OF | well Li well all other  |  |
| 3. ADDRÉSS OF OPERATOR P.O. Box 990, Fartington, N. M. 4. LOCATION OF WILL (REPORT LOCATION CHARLY See space 17 below) AT SUBFACE: 990'9, 2250'/W AT TOP PROD. INTERVAL: AT TOTAL DEFFE: 16. CHECK APPROPRIATE BOX 70 INDICATE NATURE OF MOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT DE: TIST WAILE SHUT-DIT TEST WAILE SHUT |   |  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below)  AT SURFACE: 990'S, 2250'/K  AT TOP PROD. INIERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 15. SUBVETIONS (SHOW DE, 502, AMD 37. 16. SUBVETIONS (SHOW DE, 502, AMD 37. 17. DESCRIBE PROPOSED OR COMPLETED OF RATIONS (Clearly state B content of the world)  17. DESCRIBE PROPOSED OR COMPLETED OF RATIONS (Clearly state B content of the world)  18. ADARDON' (other) Install a siphon string X  19. DESCRIBE PROPOSED OR COMPLETED OF RATIONS (Clearly state B content of the world)  10-6-77 Ran 167 joints of 1 1/4" line pipe for tubing and land at 3198' DE with the top tubing perf at 3478' DE.  Subsurface Safety Volve Danu, and Type  19. Thereby Content the foregoing is the and cornect states of the proposed with the state of the proposed with the top tubing perf at 3478' DE.  Subsurface Safety Volve Danu, and Type  19. Thereby Content the foregoing is the and cornect states of the proposed with the content of the proposed with the state of the proposed with the state of the proposed with the state of the world).   |   |  |
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| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.  REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF THE FRACTURE TREAT  SHOOT OR ACROIZE  REPAIR WELL  PULL OR ALIER CASING  MULTIPLE COMPLET  CHANGE ZON'S  ABANDON'S  (other) Install a siphon string X  17. DESCRIBE PROPOSED OR COMPLETE OF RATIONS (Clearly state B perform to case, are to enthur the including estimated date of stating my proposed work. If well is directionally drift is give subscribes heading and necessarily and true vertical depths for ab markers and zones performed to this work.)  10-6-77 Ran 167 joints of 1 1/4" line pipe for tubing and land at 3198' DF with the top tubing perf at 3478' BF.  Subsurface Safety Valve Danu, and Type  Set so the proposed of the proposed work in the pipe for tubing and land at 3198' DF with the top tubing perf at 3478' BF.   | AT SURFACE: 990'S, 2250'/W<br>AF TOP PROD. INTERVAL:  | Rio Arriba New Mexico  |
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| including estimated date of starting and proposed work. If well is disclosurably drilled, give substated location and measured and true vertical depths for all markers and zones pertinent to this work.)  10-6-77 Ran 167 joints of 1 1/4" line pipe for tubing and land at 3498' DF with the top tubing perf at 3478' DF.  Subsurface Safety Valve: Manu. and Type  18. Thereby Configuration foregoing is true and correct signed.  Signed The Production Enginee. The 10-10-77  | FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES |  |
| Subsurface Safety Valve: Manu. and Type  Set ap - 5  18. Thereby continuous that the foregoing is true and correct  SIGNED  OTHE Production EngineerAre 10-10-77   | including estimated date of starting any proposed work. If well is d                            | gerbonally drilled, give subsartas ritocations as t  |
| 18. Thereby certify that the foregoing is true and correct  SIGNED TITLE Production Engineepare 10-10-77   |   |  |
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