UNITED STATES

OR	5. HAGI SF 080516-7

SF 080516-A	
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DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	SF 080516-A 6. IF INDIAN, ALLOTTEE OR TRIBL NAME
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 Form 9-331-C for such proposals.)	D. TAILM ON ELAST. MAINE
1. oil well X other 2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) 1650'S, 960'W AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF [] FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner It is intended to workover the subject between the Dakota and Mesa Verde profailure of the 1977 Packer Leakage Te Move rig on location and pull both st inspect for corrosion holes. If cond packer and seal assemblies or tubing, and hydrotest the Dakota string and response to the packer and seal assemblies or tubing, and hydrotest the Dakota string and response to the packer and seal assemblies or tubing.	8. FARM OR LEASE NAME San Juan 28-5 Unit 9. WELL NO. 33 (MD) 10. FIELD OR WILDCAT NAME Blanco Mesa Verde and 11. SEC., T., R., M., OR ELK. AND SURVEY OR AREA Sec. 17, T-28-N, R-5-W NMPM 12. COUNTY OR PARISH 13. STATE RIO Arriba NM 14. API NO. 15. ELEVATIONS (SHOW DF, NDP, AND WER 6689 GL (NOTE: Report results of multiple completion or range change on Form 9-330.) e all pertinent details, and give perturent dates. irrectionally drilled, give subsurface locations and at to this work.)* et well to repair communications ducing formations due to the st, in the following manner: rings of tubing, visually ition warrants, we will coolace Rerun both strings of tubing
Subsurface Safety Valve: Manu. and Type	

18. I hereby certify that the foregoing is true and correct SIGNED TITLE Drilling Clerk DATE October 27, 1977 (This space for Federal or State office use) ______ TITLE ______ DATE _____ APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side