Form 9-331 (May 1963)	DEPART	TRIPLICATE*				
	RY NOT	GEOLOGICAL S ICES AND RE Salk to drill or to des ATION FOR PERMIT	PORTS O	ck to a different	reservoir.	G. IF INDIAN, ALLOTTER OR TRIBE NAME
1. OIL GAR WELL X OTHER 2. NAME OF OPERATOR						7. UNIT AGREEMENT NAME San_Juan_28-7_Unit
El Paso Natural Gas Company 8. ADDRESS OF OPERATOR						San Juan 28-7 Unit
P. O. Box 990, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface						231 10. FIELD AND POOL, OR WILDCAT Basin Dakota 11. SEC., T., R., M., OR BLK, AND
1495'N, 875'W						Sec. 16, T-28-N, R-7-W
14. PERMIT NO.		15. ELEVATIONS (Sh		RT, GR, etc.)		Rio Arriba New Mexico
16.	Check A	ppropriate Box To		ature of Notice	, Report, or C	
						UENT REPORT OF:
FRACTURE TREAT BHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	COMPLETED OF	PULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON* CHANGE PLANS ERATIONS (Clearly sta onally drilled, give sta	to all pertinent	(Other)	PREATMENT OR ACIDIZING : Report results letion or Recomposition of the composition of th	ALTERING WELL ALTERING CASING ABANDONMENT* s of multiple completion on Well detion Report and Log form.) , including estimated date of starting any al depths for all markers and zones perti-
,	Ran 7 jo:	cu. ft. ceme	32.3# H-4	0 surface	casing, 2 surface.	21' set at 235'. Cemented WOC 12 hours; held 600#/
ON 60	ISTA COM.					
18. I hereby certify that	Suc.	.00	TITLE _Dr	illing Cle	·k	ратв October 17, 1974
(This space for Feder APPROVED BY CONDITIONS OF AP			TITLE			DATE

*See Instructions on Reverse Side

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