

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR
EL PASO NATURAL GAS CO.

3. ADDRESS OF OPERATOR
BOX 289, FARMINGTON, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1540'S, 1800'E
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) ☐ ☐

5. LEASE
SF 080505A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 28-6 Unit

8. FARM OR LEASE NAME
San Juan 28-6 Unit

9. WELL NO.
56A

10. FIELD OR WILDCAT NAME
Blanco M.V.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T-28-N, R-6-W
NMPM

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DE KDB AND WD)
6529' GL

(NOTE) Report results of multiple completion or zone change on Form 9-330.

DEC 12 1973

U. S. GEOLOGICAL SURVEY

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.)*

12/6/78: Spudded well. Drilled surface hole. Ran 5 joints 9 5/8", 36# K-55 surface casing 212' set at 226'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED D. G. Duice TITLE Drilling Clerk DATE 12/6/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

