UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

		Form Approved. Budget Bureau No. 42-R1424		
	5.	LEASE		
		SF 078497		
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME		
		LINIT ACREMENT NAME		
ent .	7. UNIT AGREEMENT NAME San Juan 28-7 Unit			
	8.	The state of the s		
	San Juan 28-7 Unit			
	9.	WELL NO. 20 A (PM)		
	10.	FIELD OR WILDCAT NAME Blanco PC Ext. & Blanco MV		
	11.	SEC., T., R., M., OR BLK. AND SURVEY OR		
17		AREA Sec. 8, T-28-N, R-7-W NMPM		
	12.	COUNTY OR PARISH 13. STATE		
		Rio Arriba New Mexico		
 Ε,	14.	API NO.		
_,	15.	ELEVATIONS (SHOW DF, KDB, AND WD)		
		6622' GL		
.	(N	OTE: Report results of multiple completion or zone		
		change on Förm 9-330.) i		
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tate s di nen	e all rection	pertinent details, and give pertinent dates, onally drilled, give subsurface locations and his work.)*		
		mediate casing 3624 MW 1 1980 t. WOC 12 hours heldcon com.		
K		casing liner 2479' set ented w/ 430 cu. ft. cement.		
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4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1680'S, 1620'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	GLOLOGICAL SURVEY	OF IT INDIVITY, NEED THE ON THISE ITAME	
1. oil gas well other 2. NAME OF OPERATOR E.I. PASO. NATURAL GAS. COMPANY 3. ADDRESS OF OPERATOR BOX 289, Farmington, New-Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) 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: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perlined cream measured and true vertical depths for all markers and cones pertinent to this work.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perlined cream measured and true vertical depths for all markers and cones pertinent to this work.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perlined cream measured and true vertical depths for all markers and cones pertinent to this work.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perlined cream measured and true vertical depths for all markers and cones pertinent to this work.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perlined cream measured and true vertical depths for all markers and cones pertinent to this work.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give perlined cream measured and true vertical depths for all markers and cones pertinent to this work.) 18. The proposed work of well is directionally drilled, give subsurface transitions and true vertical depths of the proposed work of the proposed wor	(Do not use this form for proposals to drill or to deepen or plug back to a differ	San Juan 28-7 Ibit	
2. NAME OF OPERATOR 2. NAME OF OPERATOR 3. ADDRESS OF OPERATOR 3. ADDRESS OF OPERATOR BOX 288, Farmington, New Mexico 87401 AL LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE FRACTURE TREAT SHOOT OR ACIDIZE PULL OR ALIER CASING WULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent fractinchuding estimated date of starting any proposed work. If well is directionally drilled, give subsurface ligitations of measured and true vertical depths for all markers and zones pertinent to this work.)* 27-80: TD 3635'. Ran 84 joints 7", 20#, K-55 intermediate casing 32 24 1/1/1 2 3 set at 3635'. Cemented w/ 280 cu. ft. cement. WOC 12 hours including completion or zon 1200#/30 minutes. Top of cement 2500'. 29-80: TD 5974'. Ran 62 joints 4 1/2", 10.5#, K-55 casing liner 2479' set 3495-5974'. Float collar set at 5957'. Cemented w/ 430 cu. ft. cement. WOC 18 hours. Chis space for Federal or State office use)	reservoir. Use Form 9–331–C for such proposals.)	·I	
BL PASO NATURAL GAS COMPANY 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1680'S, 1620'E AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: CREPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	well gas well define well well well	T"	
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CONDITIONS OF APPROVAL, IF ANY:			
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*See Instructions on Reverse Side

JUN 10 1980