Form 9-331 Dec. 1973

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Form Approved.

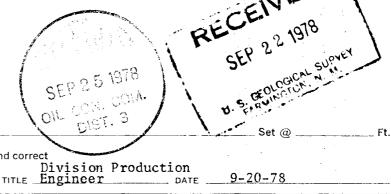
UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424	
	5. LEASE SF- 078936	
_	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	7. UNIT AGREEMENT NAME	
-	8. FARM OR LEASE NAME Harmon A	
	9. WELL NO. 3	
	10. FIELD OR WILDCAT NAME	
	West Kutz- Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 10-T27N-R12W	
-		
	12. COUNTY OR PARISH 13. STATE	
	San Juan New Mexico	
	14. API NO.	
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GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE 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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas well other 2. NAME OF OPERATOR	9. WELL NO.
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME West Kutz- Pictured Cliffs
P. O. Box 990, Farmington, N. M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T27N-R12W
AT SURFACE: 1650'/S- 1650'/W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

Approval is requested to place this well in a temporarily abandoned status. The well has been disconnected from the pipeline. is being evaluated for P & A and redrill.



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

Subsurface Safety Valve: Manu. and Type

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE .

DATE .

