Form 9-330 (Rev. 5-63)	UNITED STATES SUBMIT IN DUPL					TE.	Form approved. Budget Bureau No. 42-R355.5.		
	DEPART		F THE IN	TERIOR	struct	other in- tions on 5.		TION AND SERIAL NO.	
			AL SURVEY		reverse side)		SF 078566		
WELL CO	MPI FTION	OR RECO	MPLETION I	REPORT A	ND LOC	3 * 6.	IF INDIAN, ALL	OTTEE OR TRIBE NAME	
WELL COMPLETION OR RECOMPLETION REPORT AND LOG*  16. TYPE OF WELL: OIL ORDER OF WELL OF WELL OF WELL OF OTHER OF WELL OF OTHER OTHER OF OTHER OT							UNIT AGREEMES	NT NAME	
b. TYPE OF COMPLETION:									
WELL X	WORK DEEP-	DIFF. ESVR.				SI FARM OR LEASE NAME			
2. NAME OF OPERATOR El Paso Natural Gas Company MAY 1 0 1973							Storey 9 WELL NO.		
3. ADDRESS OF OPE	RATOR					10			
PO Box 990, Farmington, NM 87401  4. LOCATION OF WELL (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance (Report location clearly and in accordance (Report location clearly and in accordance with any State regular emergence (Report location clearly and in accordance							So. Blanco Pictured Cliffs		
4. LOCATION OF WE. At surface	LL (Report location 800'S, 11	accordance with an	cornance with any state regarding early and a			11. SEC., T., R., M., OR BLOCK AND SURVEY			
At top prod int	erval reported belo				Se	Sec. 35, T-28-N, R-8-W			
				1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	•	į	NMPI	M	
At total depth			14. PERMIT NO. DATE ISSUED			12	. COUNTY OR	13. STATE	
							San Juan	New Mexico	
5. DATE SPUDDED 11-10-72	11-26-72	1	E COMPL. (Ready t	o prod.) 18. E	LEVATIONS (D	f, rkb, rt, с 62	80'GL 19.	ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD	. 1	BACK T.D., MD &	TVD 22. IF MUL HOW M	TIPLE COMPL.,	23. INTE	LED BY	OTARY TOOLS	CABLE TOOLS	
2759'	274		P. BOTTOM, NAME (	MD AND TVD)*		<del>&gt;</del> 10-	2759'	25. WAS DIRECTIONAL	
	Pictured Clif		, 2022011, 5.25.2	,		٠		NO SURVEY MADE	
·							1 07	WAS WELL CORED	
Comp. Dens	ity, IE; Tem						27.	no	
28.			ING RECORD (Rep	oort all strings se		ENTING RECO	ORD	The bound of the second	
8 5/8" WEIGHT, LB./FT. 24. 0#					1/4" 107 cu. ft.			W. A.	
2 7/8"	6.4#	275		3/4"				LU	
						<del></del>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 1975	
29. LINER REC				<u> </u>	30.	TUB	ING RECORD	OW CO.	
······································		BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPT	DEPTH SET (M) ACHER SEC (AD)		
				·		tul	oingless		
31. PERFORATION RE	CORD (Interval, size	and number)	!	82.	ACID, SHOT,	FRACTURE	C. CEMENT SQ	UEEZE, ETC.	
2648-68' an	d 2690 <b>-2</b> 710'	with 30 sl	hots per zone					MATERIAL USED	
			2648-2	2648-2710' 36,		000#sand; 27,630 gal. water			
•									
83.*	T proper	THION ASTRONA	PRO Flowing, gas lift, p	DUCTION	d tune at our	, , , , , , , , , , , , , , , , , , ,	I WELL STAT	US (Producing or	
DATE FIRST PRODUCT	PRODUC	TION METHOD (		owing	u type o, pun	· <i>V)</i>	shut-in) Shut		
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR	OIL—BBL.	GAS-MC	OF. W	ATER-BBL.	GAS-OIL RATIO	
5-4-73	3 hrs.	3/4"	<del>&gt;</del>	GAS-MC	<u> </u>	WATER-BBI	Low	GRAVITY-API (CORR.)	
tubingless	SI 857	24-HOUR RAT	OIL—BBL.	686 A		WAILE BE		C.M. 122 M. 1 (CC.M.)	
84. DISPOSITION OF	AS (Sold, used for )	uel, vented, etc.			······································	I	ST WITNESSED Roger Har	в <del>у</del> dy	
35. LIST OF ATTACH	MENTS					<u>-</u>	<del></del>		
20 T L	AL AL - A		ndormotic t	Nata and access	aa dataI-	ad from all	ovetloble record	ls .	
36. I hereby certify		, ?			•	eu mom an			
arana AFA	CHOLINE -	Lucica	TITLE	Drilling Cl	erĸ		DATE	May 9 <b>, 197</b> 3	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

į