5. LEASE SF080101

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOPACH PARISH I3. STATE SAN JUAN 13. STATE SAN JUAN 13. NEW MEXICO  I. APINO.  II. APINO.  III. APINO.	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. oil gas well other  2. NAME OF OPERATOR E1 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) 1520'S, 1100'E AT SURFACE: AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOPAPOPINATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT OFF FRACTURE TREAT SHOOT OF ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)  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.)*  28-80: TD 2530'. Ran 62 joints 7'', 20#, K-55 intermediate casing 2519' set at 253 (Cemented w/295 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes. Top of cement at 1200'.  28-80: TD 4871'. Ran 77 joints 4 1/2", 10.5#, K-55 casing liner 2479' set 2392-48 Float collar set at 4852'. Cemented w/430 cu. ft. cement. WOC 18 hours.  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  SIGNED AMAL AMALICAC TITLE DETAILING Clerk  March 12, 1980  MARCH 12, 1980	SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR E1 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.) 1520'S, 1100'E AT TOP ROD. INTERVAL: AT TOP ROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)  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.)*  28-80: TD 2530'. Ran 62 joints 7", 20#, K-55 intermediate casing 2519' set at 253 (Cemented W/295 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes. Top of cement at 1200'.  2-80: TD 4871'. Ran 77 joints 4 1/2", 10.5#, K-55 casing liner 2479' set 2392-48 Float collar set at 4852'. Cemented w/430 cu. ft. cement. WOC 18 hours.  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  WAR ONLY AND THE PATTING Clerk DATE  March 12, 1980  MARCH 12, 1980	(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.)	
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4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: AT TOP PROD. INTERVAL: AT SURFACE: AT JUB 13. STATE New Mexico  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD) 5751' GL  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone prometic this work.)*  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone prometic this work.)*  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple change on Form 9-330.)  (NOTE: Report results of	Box 289, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
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SIGNED	Subsurface Safety Valve: Manu. and Type S. GEOLUS	Sollo DIS!
	16. Thereby Certary that the foregoing is the and contact	mk March 12 1980
(This space for Federal or State office use)	(This space for Federal or State o	ffice use)
	CONDITIONS OF APPROVAL, IF ANY:	: . coecates coo

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\*See Instructions on Reverse Side

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