UNITED STATES

	Budget Bureau No. 42-R142
LEACE	

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 077951
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
1. oil gas 🙀	8. FARM OR LEASE NAME Frost
2. NAME OF OPERATOR	9. WELL NO. 3 R
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Fulcher Kutz Pic. Cliffs
P.O. Box 289, Farmington, NM 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1760'S, 1725'E AT SURFACE: AT TOP PROD. INTERVAL:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-27-N, R-10-W NMPM 12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW DE, KDB, AND WD)
DEDAID WELL	6669 GI. CFIVED [XNOTE: Report results of multiple completing or zone change on Form 9-330.) O// CO
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work if well is directly measured and true vertical depths for all markers and zones pertinent	all pertinent details, and give pertinent dates, ectionally drilled, give subsurface locations and to this work.)*
12-9-80: Spudded well. Drilled surface hole. K-55 surface casing 114' set at 126' cement. Circ. to surface. WOC 12 h	'. Cemented w/106 on ft
12-13-80: TD 2647'. Ran 98 joints 2 7/8", 6.47 2637' set at 2647'. Baffle set at 26 cu. ft. cement. WOC 18 hours. Top of	of cement at 1300'.
12-23-80: PBTD 2637'. Tested casing to 4000#, 2419,2423,2427,2430,2434,2437,2473,2425,000# 10/20 sand, 30,000 gal. wtr.	OK. Perfed:
Subsurface Safety Valve: Manu. and Type	Sat @
18. I hereby centify that the foregoing is true and correct	Set @Ft.
SIGNED SIGNED TITLE Drilling Cl	erkbate December 17, 1980.
(This space for Federal or State office	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

NMOCC

*See Instructions on Reverse Side