Dec. 1973

REPAIR WELL

SIGNED_

PULL OR ALTER CASING

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

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

UNITED STATES

DEPARTMENT OF THE INTERIOR

Form Approved.
Budget Bureau No. 42-R1424

5.	LEAS	SE
	SF	077123

	SF	077	123				
6.	IF IN	IDIAN	, ALLO	TTEE	OR TE	RIBE	NAN

(NOTE: Report results of multiple completion or zone

JAN 2 2 1980 OIL CON. COM.

change on Form 9-330.)

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
NDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
use this form for proposals to drill or to deepen or plug back to a different r. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Warren		
II Gas well other	9. WELL NO. 3A		
El Paso Natural Gas Company DRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco Mesa Verde		
Box 289, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY (

(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.)	8. FARM OR LEASE NAME		
1. oil gas well other	Warren 9. WELL NO.		
2. NAME OF OPERATOR	3A 10. FIELD OR WILDCAT NAME Blanco Mesa Verde		
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR			
Box 289, Farmington, New Mexico 87401	III. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1070'N,1850'W	AREA Sec. 13, T-28-N, R-9-W N.M.P.M.		
AT SURFACE: AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico		
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5852' G1		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF SUBSEQUENT REPORT OF:			

TD 2552'. Ran 61 joints 7", 20#, K-55 intermediate casing 2541' set at 2552'. Cemented #/313 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes. Top of 1-12-80: cement 1600.

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.)*

TD 4930'. Ran 78 joints 4 1/2", 10.5#, K-55 casing line 1251 4930'. Float collar set at 4912'. Cemented w/440 cu ft. cem 1-15-80: t 2409-18 WOC 18 hours. hours.

DIST. 3 Subsurface Safety Valve: Manu. and Type ____ _ Set @ _____ Ft.

TITLE Drilling Clerk DATE January 16,1980

__ DATE __ ____ TITLE _____

(This space for Federal or State office use)

*See Instructions on Reverse Side

14 21,80

FARMINGTON DISTRICT