FRACTURE TREAT

SHOOT OR ACIDIZE

UNITED STATES

SUBMIT IN TRIPLICATE*

FRACTURE TREATMENT

BHOOTING OR ACIDIZING

Form approved, Budget Bureau No. 42-R1424.

ALTERING CASING

AHANDONMENT*

	SF 078503 8. IF INDIAN, ALLOTTER OR TRIBE NAME	
(The not use this form	Y NOTICES AND REPORTS ON WELLS of for proposals to drill or to deepen or plug back to a different reservoir. "APPLICATION FOR PERMIT—" for such proposals.)	
1.		7. UNIT AGREEMENT NAME
OIL GAS X	San Juan 29-7 Unit	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
El Paso Natural (San Juan 29-7 Unit	
3. ADDEESS OF OPERATOR	9. WELL NO.	
P. O. Box 990, Fa	110	
4. LOCATION OF WELL (Repor	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface	Basin Dakota	
	•	11. and., T., R., M., OR BLK. AND
1840' N, 1	Sec. 31, T-29-N, R-7-W	
14. PRRMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	6644' GL	San Juan New Mexico
16.	Check Appropriate Box To Indicate Nature of Notice, Report,	, or Other Data
NOTIC	UBSEQUENT REPORT OF:	
TENT WATER SHUT-OFF	PULL OR ALTER CASING WATER SHUT-OFF	X REPAIRING WELL

REFAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (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 somes pertinent to this work.).

Spudded well. Drilled surface hole. 07 - 21 - 77

MULTIPLE COMPLETE

ABANDON*

Ran 7 joints 9 5/8", 32.3#, H-40 surface casing, 303' set at 316'. 07-22-77 Cemented with 377 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.



18. I hereby certify that the foregoing is true and correct SIGNED	t TITLE	Drilling Clerk	July 26, 1977
(This space for Federal or State office use)			
APPROVED BY	TITLE		DATHIL 28 1977