CHANGE ZONES ABANDON* (other)

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 078945 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	7. UNIT AGREEMENT NAME San Juan 29-7 Unit		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAM San Juan 29-7		
well well other 2. NAME OF OPERATOR	9. WELL NO. 40A (MD)		
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco MV, Basin Dakota		
Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-29-N, R-7-W N.M.P.M.		
AT SURFACE: 1540'S, 1180'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH Rio Arriba 14. API NO.	13. STATE New Mexico	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6844 ' G.L.		
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: TO SUBSEQUENT REPORT OF:	(NOTE: Report results of mu change on Form 9–3		

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.)*

Spudded well. Drilled surface hole. Ran 5 joints 13 3/8", 48#, KD surface 9-24-79: casing 203' set at 219'. Cemented w/325 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

Subsurface Safety Valve: Manuand T	ype		Set @ Ft.
Subsurface Safety valve. Manu. and 1	урс		
18. I hereby certify that the foregoing	is true and correct		
SIGNED D. Bus	TITLE Drilling Cler	k date	Sept. 25, 1979
	(This space for Federal or State office	e use)	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			aca a 9 1079

SEP & B 1919 -