Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

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	LEASE	_		
	CE 070707			

DEPARTMENT OF THE INTERIOR	SF 079383	
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	7. UNIT AGREEMENT NAME	
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	
1. oil gas dell other	San Juan 30-6 Unit	
2. NAME OF OPERATOR	95-R	
El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR	Blanco Mesa Verde	
P. O. Box 289, Farmington, N. M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T30N, R7W	
below.)	3ec. 20, 130N, K/I	
AT SURFACE: 800'S, 875'W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE	
AT TOTAL DEPTH:	Rio Arriba New Mexico	14. 15.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO	THE BAUGHAN
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6864 ' GR	Belle Karring
TEST WATER SHUT-OFF	10500	SELVET SECTED OF A
FRACTURE TREAT SHOOT OR ACIDIZE The state of the state		ું કેંદ્ર
REPAIR WELL	(NOTE: Report results of multiple/completion or zone change on Form 9-330.)	1
PULL OR ALTER CASING	change on Form 9-330.)	
CHANGE ZONES	6 Con 190	1
ABANDON* (other) Set packer and see if we can get well bad	change on Form 9-330.) On CON SON.	/
(other)	1.3 %.	,
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent.)	te all pertinent details, and give pertinent dates	
Set 4 1/2" packer in top of 4 1/2" liner to sh Swab well to determine if we can get the well		
Approval is granted to test installation of packer. At	well for 90 days after the end of that time	
11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	+1	
It is required to perman	ently repair casing in	
order to produce well. No	tity this office by	Amorie:
it is required to permandorder to produce well. No subsequent report of the da	te packer is installed	1 Section Section
Subsurface Safety Valve: Manu. and Type	Set @ Ft.	
18. I hereby certify that the foregoing is true and correct		
SIGNED Production Fingineer	DATE	attitude of the co
(This space for Federal or State off	fice use)	**************************************
APPROVED BY TITLE	DATE	a meneng
CONDITIONS OF APPROVAL, IF ANY:	DATE	1 1 Page 1
- FARMINGTON C	N ()	A Comment
*See Instructions on Reverse S	R B	•

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