5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

| | DEPARTMENT OF THE INTERIOR | SF 079382 |
|---|---|--|
| | GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| (Do | SUNDRY NOTICES AND REPORTS ON WELLS on not use this form for proposals to drill or to deepen or plug back to a different ervoir. Use Form 9–331–C for such proposals.) | 7. UNIT AGREEMENT NAME San Juan 30-6 Unit 8. FARM OR LEASE NAME |
| | oil gas 🗓 other | San Juan 30-6 Unit 9. WELL NO. |
| | NAME OF OPERATOR El Paso Natural Gas Company ADDRESS OF OPERATOR | 78 A 10. FIELD OR WILDCAT NAME Blanco M.V. |
| | Box 289, Farmington, New Mexico 87401 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1470'S, 1825'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| | CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA | |
| TES FR/ SH(REI PUI MU CH. AB/ | QUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: ST WATER SHUT-OFF | (NOTE: Report results of multiple completion or zone change on Form 9–330.) |
| 17. | 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.)* | |
| | PBTD 5808'. Tested casing to 3500#, OK. Perf 5436,5448,5464,5470,5475,5480,5486,5494,5503,5787' W/1 SPZ. Fraced w/59,000# 20/40 sand, gal. wtr. Perfed Men. & C.H. 4986,5020,5029 5134,5142,5163,5170,5176,5227,5234,5273,5284,20/40 sand, 132,000 gal. wtr. Flushed w/6,97 | 5552,5576,5626,5641,5678,5696,5742, 118,000 gal. water. Flushed w/7,986,5040,5050,5056,5062,5078,5086, 5291,5311' W/1 SPZ: Fraced w/66,000 |
| | | |
| | bsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. | . I hereby certify that the foregoing is true and correct | |
| SIG | SNED M. J. Suses TITLE Drilling Cle | September 11, 1979 |
| (This space for Federal or State office use) | | |
| | PROVED BY TITLE NDITIONS OF APPROVAL, IF ANY: | DATE |
| | | |

*See Instructions on Reverse Side