9-5-80:

9-10-80:

Dec. 1973	T1750	Budg	et Bureau No. 42-R1424
UNITED S		5. LEASE	
DEPARTMENT OF		SF-079383	OD TRIBE MANS
GEOLOGICAL	SURVEY	6. IF INDIAN, ALLOTTE	OK I RIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS		7. UNIT AGREEMENT NAME	
(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.)		San Juan 30-6 Unit	
		8. FARM OR LEASE NAME	
1. oil gas W other		San Juan 30-6 Unit	
		9. WELL NO. 101A	
2. NAME OF OPERATOR El Paso Natural Gas	Company	10. FIELD OR WILDCAT	JAME
3. ADDRESS OF OPERATOR		Blanco Mesa Verde	
P.O. Box 289, Farmington, NM 87401		11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LO		AREA	
below.)		Sec. 35, T-30-N	
	1840'E	12. COUNTY OR PARISH	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:		Rio Arriba	New Mexico
	INDICATE MATURE OF MOTIOE	14. API NO.	
16. CHECK APPROPRIATE BOX TO I REPORT, OR OTHER DATA	INDICATE NATURE OF NOTICE,	15 FLEVATIONS (CHO)	, DE 1/DD 11/2 1/2
		15. ELEVATIONS (SHOW 6913' GL	•
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	0515 01	2
TEST WATER SHUT-OFF			
FRACTURE TREAT		/ 0.	
REPAIR WELL	ä	(NOTE: Report results of m	u tfipie completion or zone
PULL OR ALTER CASING		(NOTE: Report results of m change on corps 9-	330.)
MULTIPLE COMPLETE		V 2:	
ABANDON*			-
(other)			- 1 · 1
17. DESCRIBE PROPOSED OR COMP including estimated date of starting measured and true vertical depths TD 4170'. Ran 96 joints Cemented w/ 329 cu. ft. c cement 3100'.	ng any proposed work. If well is d for all markers and zones pertiner 7", 23#, K-55 intermed	irectionally drilled, give sul it to this work.)* iate_casing_4158!	set at 4170!
TD 6455'. Ran 60 joints Float collar set at 6437'	4 1/2", 10.5#, KE casin . Cemented w/ 424 cu.	ng liner 6455' set ft. cement. WOC	3998-2457'. 18 hours.
			•
			·
Subsurface Safety Valve: Manu. and Ty	pe	Set	@ Ft.
18. hereby certify that the foregoing is	s true and correct	-	
SIGNED SEATE DIAL	LuldTITLE Drilling Cl	erk DATESept	16, 1980
The same of the Calenda	(This space for Federal or State off		
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL IF ANY:		DATE	
			·
er Right States and	NMOCC	, , , , , , , , , , , , , , , , , , , ,	

*See Instructions on Reverse Side