

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. oil well <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other <input type="checkbox"/>
2. NAME OF OPERATOR El Paso Natural Gas Company
3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 800'S, 1840'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

11-22-80: PBTD 6427'. Tested casing to 3500#, OK. Perfed Massive P.L.: 5984,5991,5998,6018,6029,6034,6045,6051,6057,6063,6069,6075,6081,6087,6175,6198,6237,6243,6251,6269,6286,6293,6320,6380' W/1 SPZ. Fraced w/ 74,000# 20/40 sand, 148,000 gal. wtr. Flushed w/ 8190 gal. wtr.

11-23-80: Perfed C.H. & Men.: 5571,5579,5604,5617,5632,5638,5644,5650,5656,5664,5752,5761,5767,5779,5829,5887' W/1 SPZ. Fraced w/ 48,000# 20/40 sand 96,000 gal. wtr. Flushed w/ 7854 gal. wtr.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED J. D. Busco TITLE Drilling Clerk DATE November 24, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

BW

5. LEASE SF 079383
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME San Juan 30-6 Unit
8. FARM OR LEASE NAME San Juan 30-6 Unit
9. WELL NO. 101A
10. FIELD OR WILDCAT NAME Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-30-N, R-7-W NMPM
12. COUNTY OR PARISH Rio Arriba
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6913' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

