Form 9-331 Dec. 1973	Form Approved.
UNITED STATES	Budget Bureau Nc. 42-R1424  5. LEASE
DEPARTMENT OF THE INTERIOR	SF 078266
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- COLOGIONE CONVET	or in this way, the control of the better
SUNDRY MOTICES 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.)	
1	8. FARM OR LEASE NAME
1. oil gas well other	Wood  9. WELL NO.
2. NAME OF OPERATOR	3E
El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
Box 289, Farmington, New Mexico 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1800'S, 1100'E	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T1291N, R-10-W N. M. P. M.
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan New Mexico  14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. ATT NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5797' GL
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Cancel Application to Drill X  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertirent 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.)*  We have no immediate plans for drilling this well. Please rescind your Approval to Drill and we will resubmit our application at a later date.	
	OH: CON. COM. DIST. 3
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED W. D. Drilling Clerk DATE June 1, 1981	
(This space for Federal or State office use)	

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APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\_\_\_\_ DATE \_\_\_\_

\_\_\_ TITLE \_\_\_