## UNITED STATES

	Budget	Bureau	No.	42-R	142
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LEVCE					

OMITED STATES	5. LEASE	· · · · · · · · · · · · · · · · · · ·
DEPARTMENT OF THE INTERIOR	SF 080751 A	At the first
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT N	AME
(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.)	8. FARM OR LEASE NAM	
1. oil gas X	Sunray =	
well gas the other	9. WELL NO.	
2. NAME OF OPERATOR	<b>2</b> #5	
El Paso Natural Gas Company	10. FIELD OR WILDCAT N	IAME
3. ADDRESS OF OPERATOR P. O. Box 289, Farmington, N. M. 87401	Blanco P.C.	VIV AND CURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR E AREA Sec. 26,	T30N, R10W
AT SURFACE: 870'N, 1140'E	12. COUNTY OR PARISH	13 STATE
AT TOP PROD. INTERVAL:	San Juan	New Mexico
AT TOTAL DEPTH:	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW	DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6286' GL	
TEST WATER SHUT-OFF		
FRACTURE TREAT		
SHOOT OR ACIDIZE	(NOTE: Baras	
PULL OR ALTER CASING	(NOTE: Report results of 1/10 change on Form 9	
MULTIPLE COMPLETE		
ABANDON*		
(other) Set packer and see if we can get well bac	k.	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent	irectionally drilled, give sub it to this work.)*	surface locations and
Set packer @ 2800' on 1 1/4" EUE tubing (28 if we can swab well back in. This is a tem days.	porary application	for 90
Ry January 15 1981 if the subject	- wall has no	ut been perme
of the fitting	er wer	
repaired, then the well is to	be shot -15 U	MTII :
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		. •
Subsurface Safety Valve: Manu. and Type	Set	@ Ft.
18. I hereby certify that the foregoing is true and correct	•.	
	2 DATE 9-2	9-00
(This space for Federal or State off	ice AseD D D (1)	
APPROVED BY TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:	COT 1 11000	
acelox	1001 14 19	<u>'</u>
NMOCO	yanu + SIN	15 · · ·
# See Instructions on Reverse S	DISTRICT ON A CAS SUP	ERVISOR
	DISTRICT Of A Land 19	