

F 30-045-22913 1-19-78

F. Loc. 1460/N; 1025/W Elev. 6280 GL Spd. Comp. TD PB

Casing S. W Sx. Int. W Sx. Pr. W Sx. T. Csg. Perf. Prod. Stim.

T
R
A
N
S

I.P. BO/D MCF/D After Hrs. SICP PSI After Days GOR Grav. 1st Del. \$

TOPS		NITD	Well Log	TEST DATA							Ref. No.
Kirtland		C-103	Plat	Schd.	PC	Q	PW	PD	D		
Fruitland		C-104	Electric Log								
Pictured Cliffs			C-122								
Cliff House		Ditr	Dfa								
Menefee		Datr	Dac								
Point Lookout		158.60									
Mancos											
Gallup											
Sanostee											
Greenhorn											
Dakota											
Morrison											
Entrada											

P
O
O
I. Blanco PC Co. SJ S 26 T 31N R 10W UE Oper. El Paso Natural Gas Co Lse. Atlantic A No. 22

Atlantic A #22

E-26-31N-10W

El Paso Natural Gas Company

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 ☐ gas well ☒ other ☐

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
PO Box 289, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1460'N, 1025'W
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 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) cancel location	

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.)*

Please rescind the Application for Permit to Drill this location.

Abandoned Location
12/10/79

U. S. GEOLOGICAL SURVEY

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED D. P. Buses TITLE Drilling Clerk DATE June 22, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE NM 0606	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Atlantic A	
9. WELL NO. 22	
10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-31-N, R-10-W NMPM	
12. COUNTY OR PARISH San Juan	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6280' GL	

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

