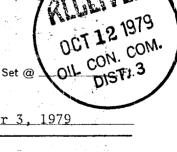
PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	SF 079298B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 gas	7. UNIT AGREEMENT NAME San Juan 28-7 Unit 8. FARM OR LEASE NAME San Juan 28-5 Unit
well well other 2. NAME OF OPERATOR	9. WELL NO. 198
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME S. Blanco PC Ext.
Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-27-N, R-7-W
AT SURFACE: 1530'S, 1010'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6617' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING SUBSEQUENT REPORT OF: PULL OR ALTER CASING SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF:	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	

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.)*

9-27-79: PBTD 3390'. Tested casing to 4000#, OK. Perfed 3248,3254,3260,3274, 3282,3290,3318,3324,3330' W/1 SPZ. Fraced w/55,000# 10/20 sand, 57,500 gal. wtr. Flushed w/ 800 gal. wtr.



8 - A - .

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

Subsurface Safety Valve: Manu. and Type ___

TITLE Drilling Clerk DATE October 3, 1979

TITLE .

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OCT 1 0 1979

II. S. CEOLOGICAL SURVEY S D 125 . 60, 6010.