## UNITED STATES

DEPARTMENT OF THE INTERIOR	SF 0793660  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	O. 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 differ reservoir. Use Form 9–331–C for such proposals.)	
1. oil gas 🖂	8. FARM OR LEASE NAME Rincon Unit
2. NAME OF OPERATOR	9. WELL NO. 108 A
El Paso Natural Gas Company  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco Mesa Verde
Box 289, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK, AND SURVEY OR AREA Sec. 19, T-27-N, R-6-W
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space below.)	N.M.P.M.
AT SURFACE: 1460'S, 1020'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6509 GL
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly including estimated date of starting any proposed work. If well measured and true vertical depths for all markers and zones pert	is directionally drilled, give subsurface locations and
0-24-79: PBTD 5736'. Tested casing to 3500#, OK 5324,5329,5334,5350,5354,5358,5362,5394 5624,5650,5669,5707' W/1 SPZ. Fraced Flushed w/7140 gal. wtr.	.5414.5438.5478.5540.5550.5500,5000,
Perfed C.H. & Men. 4718,4752,4760,4768, 4938,4964,4972,4984,5020,5058,5065,5076 Fraced w/ 67,000# 20/40 sand, 134,000 g	,5112,5120,5134,5156,5168' W/I SP2.
Fraced W/ 6/,000# 20/40 Sand, 134,000 g	0 1979
Subsurface Safety Valve: Manu. and Type	Set @ Ft. O

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

\_ TITLE \_

October 29 \_\_ TITLE <u>Drilling Clerk</u> DATE \_

(This space for Federal or State office use)

SIGNED

DATE

\*See Instructions on Reverse Side