**REQUEST FOR APPROVAL TO:** 

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

DANEL ...

## UNITED STATES DEPARTMEN **GEOLO**

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7251' GL

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

DEPARTMENT OF THE INTERIOR	SF 080675  6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
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	7. UNIT AGREEMENT NAME San Juan 27-4 Unit				
1. oil gas v	8. FARM OR LEASE NAME San Juan 27-4 Unit				
well well other  2. NAME OF OPERATOR	9. WELL NO. 120 (PM)				
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Tapacito PC Ext. & Blanco MV  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-27-N, R-4-W N.M.P.M.				
Box 289, Farmington, New Mexico 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1560'S, 1595' W					
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Rio Arriba 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)				

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* (other)

SUBSEQUENT REPORT OF:

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.)\*

10-25-79: Spudded well. Drilled surface hole.

Ran 5 joints 9 5/8", 36#, K surface casing 221' set at 209'. 10-26-79: Cemented w/221 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

Subsurface Safety Valve: Manu. and Type	Set @		Ft.		
18. I hereby certify that the foregoing is tru		-			
SIGNED D. Dusco	TITLE Drilling Clerk	_ DATE	October 29	, 1979	
	(This space for Federal or State office use	•)	1		_
APPROVED BY	TITLE	DATE _		· · · · · · · · · · · · · · · · · · ·	
CONDITIONS OF APPROVAL, IF ANY:					