UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

		Form Approved. Budget Bureau No. 42–R1424
	5.	SF 080675
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
rent	7.	UNIT AGREEMENT NAME San Juan 27-4 Unit
	8.	FARM OR LEASE NAME San Juan 27-4 Unit
	9.	WELL NO. 144
	10.	FIELD OR WILDCAT NAME Blanco Mesa Verde
17	11.	SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-27-4,R-4-W
	12.	COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
CE,	14.	API NO.
	15.	ELEVATIONS (SHOW DF, KDB, AND WD) 7232' GL
	(N)	OTE: Report results of multiple completion or zone change on Form 9–30.) NOV 3 0 1981 OIL CON. COM. DIST. 3
is d	irectio	pertinent details, and give pertinent dates, onally drilled, give subsurface locations and

below.) AT SURFACE: 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)* -21-81: PBTD 6676'. Pressure tested casing to 3500#, Held 0k. Perfed Point Lookou 6269,6281,6292,6303,6308,6312,6316,6336,6353,6358,6374,6454,6464,6486,6493 6503,6547,6555,6595,6613' W/1 SPZ. Fraced w/ 50,000# 20/40 sand, 100,000 g	decedicae sonvei	or in the state of the beat will
2. NAME OF OPERATOR E1 Paso Natural Gas Company 3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOPAL 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALFER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)* 21-81: PBTD 6676'. Pressure tested casing to 3500#, Held 0k. Perfed Point Lookou 6269,6281,6292,6303,6308,6312,6316,6336,6353,6358,6374,6434,6464,6486,6493 6503,6547,6555,6595,6613' W/1 SPZ. Fraced w/ 50,000# 20/40 sand, 100,000 g	(Do not use this form for proposals to drill or to deepen or plug back to a different	San Juan 27-4 Unit 8. FARM OR LEASE NAME
E1 Paso Natural Gas Company 3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1520'S, 910'W AT SURFACE: 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 SHARTUPE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 10. FIELD OR WILDCAT NAME Blanco Mesa Verde Blanco	well well to other	9. WELL NO. 144 10. FIELD OR WILDCAT NAME
below.) AT SURFACE: 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent of including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations measured and true vertical depths for all markers and zones pertinent to this work.)* 21-81: PBTD 6676'. Pressure tested casing to 3500#, Held 0k. Perfed Point Lookou 6269,6281,6292,6303,6308,6312,6316,6336,6353,6358,6374,6434,6464,6486,6493 6503,6547,6555,6595,6613' W/1 SPZ. Fraced w/ 50,000# 20/40 sand, 100,000 g	El Paso Natural Gas Company	
AT SURFACE: AT TOP PROD. INTERVAL: AT TOP ARISH 13. STATE RIO Arriba New Mexico 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND 7232' GL REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK, AND SURVEY C AREA Sec. 28, T-27-4, R-4-W NMPM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	AT SURFACE: AT TOP PROD. INTERVAL:	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
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wer. Frashed wy 0404 gar. Wer.	6269,6281,6292,6303,6308,6312,6316,6336,6353	,6358,6374,6434,6464,6486,6493
Perfed Cliff House & Menefee: 5773,5783,5788,5800,5819,5832,5841,5862,5868,5874' W/1 SPZ. Fraced w/ 26,520/40 sand, 53,000 gal. wtr. Flushed w/ 8274 gal. wtr.	5773,5783,5788,5800,5819,5832,5841,5862,5868	,5874' W/1 SPZ. Fraced w/ 26,500 4 gal. wtr.

Subsurface Safety Valve: Manu. and Type _____ ______ Set @ ______ Ft. 18. I hereby certify that the foregoing is true and correct Drilling Clerk DATE November 24, 1981 (This space for Federal or State office use) _____ DATE __

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*See Instructions on Reverse Side