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

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

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

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE  SF 077107A  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.)	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
1. oil gas well dother	Hancock B  9. WELL NO.  5E  10. FIELD OR WILDCAT NAME  Basin Dakota  11. SEC., T., R., M., OR BLK. AND SURVEY OR  AREA Sec. 31-T-28-N, R-9-  N.M.P.M.  12. COUNTY OR PARISH  13. STATE  San Juan  New Mexico  14. API NO.
2. NAME OF OPERATOR  El Paso Natural Gas Company	
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1450'S, 1160'E AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	6094' GL

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

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.)\*

Spudded well. Drilled surface hole. 4-6-80: Ran 5 joints of 9 5/8", 32.3#, H-40 surface casing 215' set at 229'. Cemented w/ 224 cu, ft. cement. Circulated to surface. WOC 12 hours: held 600#/30 minutes

U. S. GEOLOGICAL SURVEY FARMINGTUN, N. 51.

Subsurface Safety Valve: Manu. and Type \_ 18. I hereby certify that the foregoing is true and correct

\_ TITLE Drilling Clerk DATE \_

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

\_ TITLE \_

\_ DATE

ACCEPTED FOR RECORD

SIGNED

APPROVED BY

Ft.

NMOCC

9 1980

\*See Instructions on Reverse Side

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ACCOUNT TO SECOND