\$7.7.25

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

	□ Budget Bureau No. 42–R1424
	5. LEASE
	SF 079938
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
S	7. UNIT AGREEMENT NAME
ferent	
	8. FARM OR LEASE NAME
	Jones Jones
	9. WELL NO.
	2 A \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)
	10. FIELD OR WILDCAT NAME
	Blanco MV
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
e 17	AREA Sec. 35, T-29-N, R-8-W,
	N.M.P.M.7 4 8 1
	12. COUNTY OR PARISH 13. STATE
	San Juan 700 New Mexico
	14. API NO.
ICE,	한성공학 기환 회원유용
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6308' G.L. 372
'	
	성요 등병 이 회의 환경상임
	(NOTE: Report results of multiple completion or zone

SUNDRY NOTICES AND REPORTS ON WELL (Do not use this form for proposals to drill or to deepen or plug back to a difference voir. Use Form 9-331-C for such proposals.) well  $\square$  $\mathbf{X}$ well other 2. NAME OF OPERATOR EL PASO NATURAL GAS COMPANY 3. ADDRESS OF OPERATOR P.O. BOX 289, FARMINGTON, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space below.) AT SURFACE: 1110!N, 800' W AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOT REPORT, OR OTHER DATA RECUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REFAIR WELL PULL OR ALTER CASING change on Form 9-330.) MU\_TIPLE COMPLETE CHANGE ZONES AB/.NDON\* (oth er) 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.)\* 4-08-79: TD 3268'. Ran 84 jts. 7", 20#, KS intermediate casing, 3256 set at 3268'. Cemented w/297 cu.ft. cement. WOC 12 hrs, held 1200#/30 min. Top of cement 2200'. 4-11-79: TD 5578'. Ran 77 jts. 4 1/2", 10.5#, K-55 casing liner, 2457; set 3121-5578'. Float collar set at 5560'. Cemented w/426 cu.ft. cement. WOC 18 hrs. . . o p \_\_ S & 140 Sut surface Safety Valve: Manu. and Type \_\_\_\_ 18. I hereby certify that the foregoing is true and correct TITLE Drilling Clerk 5-31-79 SIGNED A DATE (This space for Federal or State office use) APPROVED BY TITLE . DATE CONDITIONS OF APPROVAL, IF ANY: Application of the second of t ...... ..... Ë 100 0.000

\*See Instructions on Reverse Side