

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 reservoir. Use Form 9-331-C for such proposals.)

5. LEASE
SF 078128
6. INDIAN ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
DELHI TURNER
9. WELL NO.
1A
10. FIELD OR WILDCAT NAME
BLANCO MESA VERDE
11. SEC., T., R., M., OR B.M. AND SURVEY OF AREA
Sec. 18, T-50-N, R-9-W
NMPM
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
15. PERMITS (SHOW NUMBER AND DATE)
62821 GL

1. oil well gas well other
2. NAME OF OPERATOR
EL PASO NATURAL GAS CO.
3. ADDRESS OF OPERATOR
BOX 990, FARMINGTON, NEW MEXICO
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See chart on below.)
AT SURFACE: 1190'N, 790'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

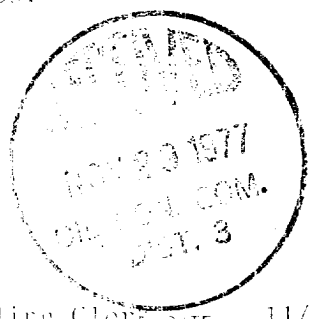
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

(NOTE: Report results of all tests completed on well through Form 9-331-C)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, including estimated date of starting any proposed work. If well is directionally drilled, give azimuth and true measured and true vertical depths for all markers and zones pertinent to the work.)

11/20/77: Spudded well. Drilled surface hole.
11/21/77: Ran 5 joints 9 5/8", 52.3# H-40 surface casing, 215' set at 250'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.



Subsurface Safety Valve: Manu. and Type

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

SIGNED *[Signature]* TITLE Drilling Clerk DATE 11/21/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
NOV 28 1977