| Form \$-331<br>(May 1963)   | UNITED STATES SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR verse side) |  |                                      | Bud  | Form approved. Budget Burean No. 42-R1424.  5. LEASE DESIGNATION AND BERIAL NO. SF 078507             |  |             |  |
|---|--|--|--------------------------------------|--|---|--|-------------|--|
|   |  | 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 "APPLICATION FOR PERMIT—" for such proposals.)  1.  OIL WELL OTHER  2. NAME OF OPERATOR El Paso Natural Gas Company  3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also spuce 17 below.) At surface  1800'S, 1680'W |  |  |                                      |  |   | ALLOTTEE OR T  | RINE NAME   |  |
|   |  |  |                                      |  |   | 7. UNIT AGREEMENT NAME  San Juan 32-9 Unit  8. FARM OR LEASE NAME  San Juan 32-9 Unit  |             |  |
|   |  |  |                                      |  |   |  |             |  |
|   |  |  |                                      |  |   | 10. FIELD AND POOL, OR WILDCT  Undes. Fruitland  11. SEC., T., R., M., OR BLE. AND SURVEY OR ABEA  Sec. 26, T-32-N, R-10-W NMPM  |             |  |
|   |  |  |                                      |  |   | 14. PERMIT NO.   |             | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6961'GL |
|   | <u> </u>   |  |                                      | (Nation Parent on  |   |  |             |  |
| 16.   | Check App<br>TICE OF INTENT  | k Appropriate Box To Indicate Nature of Notice, Report, or Ot  |                                      |  |   | NT REPORT OF:  |             |  |
| 15  | nplete   | LL OR ALTER CASING ULTIPLE COMPLETE ANDON® ANGE PLANS ATIONS (Clearly state stily drilled, give subs | X  All pertinent de urface locations | WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other)  (NOTE: Report resu Completion or Recon ctails, and give pertinent dats and measured and true vert | at the state of multiple connection Report and estimates.   | nd Log form.) mated date of s  | ta ting any |  |
|   |  |  |                                      | production in the In the In the Pictured Cliff   |   |  |             |  |
|   | . –  |  |                                      | NCV  | ero's all gair so gun be ganea, lo fadic a gales.<br>Galonidu 901 ho inte aque of ganabel noabgetat i | A control of the cont |             |  |
| 18. I hereby certify that the signed signed   | the foregoing is   | . 7 .)   | Dri                                  | lling Clerk  | DATE  | Novembe  | r 1, 197    |  |
| (This space for Feder   | al or State office   |  | ITLE                                 |  | DATE  | , o , t 3  |             |  |