5. LEASE.

SF 081155

6. IF INDIAN, ALLOTTEL OR TRIBE NAME

R

UNITED STATES				
DEPARTMENT	OF	THE	INTERIOF	
GEOLOG	ICAL	. SUR	VEY	

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 Allison Unit 8. FARM OR LLASE NAME		
1. oil gas well x other	Allison Unit 9. WELL NO.		
2. NAME OF OPERATOR	4.4		
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota		
PO Box 990, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1600'S, 810'W	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-32-N, R-6-W NMPM		
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan NM		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DE, KDB, AND WD) 6567 GL		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF [1]	3307 311		
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	(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 drifted, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

ABANDON* Request for non-cancellation of approval

The date is uncertain, but El Paso does intend to drill this location; therefore, it is requested that our approval to drill not be cancelled.

November

Subsurface Safety Valve: Manu. and Type

MULTIPLE COMPLETE CHANGE ZONES

18. Thereby certify that the foregoing is true and correct

Drilling Clerk

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side