Form 9-331 (May 1963)

## UNITED STATES

ES SUBMIT IN TRIPLICATE\*

(Other instructions on re-

Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

SUNDRY NOT	SF 078604  6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
(Do not use this form for propo Use "APPLIC.  OIL GAS WELL OTHER	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME			
EL PASO NATURAL GAS CO 3. ADDRESS OF OPERATOR Box 990, Farmington	Scott  9. WELL NO.  5 A			
Box 990, Farmington, New Mexico 87401  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1680'S 800'E		Blanco Mesa Verde  11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-32-N, R-10-W N.M.P.M.		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5976 GL	12. COUNTY OR PARISH San Juan	N.M.	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:				

PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDONMENT\*

WATER SHUT-OFF

X

FRACTURE TREAT ABANDON\* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other) 17. DESCRIBE PROPOSED OR COMPLETED OFERATIONS (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. 8-22-76

Ran 5 joints 9 5/8", 32.3# H-40 surface casing, 8-23-76 229'set at 243'. Cemented with 236 cu.ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

8. I hereby certify that the foregoing is true and correct SIGNED	TITLE Drilling Clerk	DATE 8-25-77
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE