Form Approved. Budget Bureau No. 42-R1424

5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	SF 078096  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas X other	MUDGE 9. WELL NO.
2. NAME OF OPERATOR	3A (PM)
EL PASO NATURAL GAS CO.  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME BLANCO P.C. BLANCO M.V.
BOX 990, FARMINGTON, NEW MEXICO  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-31-N, R-11-W
below.) AT SURFACE: 1345'N, 800'W	NMPM 12 COUNTY OF PARISH 12 STATE
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	SAN JUAN NEW MEXICO
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6181' GL
TEST WATER SHUT-OFF	Rate to the second
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
medodred and traction to the angle of the manual and the second	
1/17/78: Spudded well. Drilled surface he	ole.
Ran 5 joints 9 5/8", 32.3# H-40 s	surface casing 213' set at 224'.
Cemented with 260 cu. ft. cement 12 hours; held 600#/30 minutes.	. Circulated to surface. WOC
Subsurface Safety Valve: Manu. and Type	Set @ Ft,
18. I hereby certify that the foregoing is true and correct	The second secon
SIGNED 1. D. Duc's TITLE Drilling Cle	rk DATE 1/18/78
(This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	· · · · · · · · · · · · · · · · · · ·