## UNITED STATES

| DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY  | 5. LEASE TO SEE TO SE TO SEE T  |
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| SUNDRY NOTICES AND REPORTS ON WELLS  | 7. UNIT AGREEMENT NAME San Juan 32-9 Unit   |
| Oo not use this form for proposals to drill or to deepen or plug back to a different aservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME San Juan 32-9 Unit  |
| 1. oil gas vell to other   | 9. WELL NO. 54 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| 2. NAME OF OPERATOR El Paso Natural Gas Company  | 10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs  |
| 3. ADDRESS OF OPERATOR PO Box 289, Farmington, NM 87401  | 11. SEC., T., R., M., OR BLK. AND SURVEY CR<br>AREA Sec. 14, T-31-N, R-10-V   |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1450'S,1800'E   | NMPM & R FATTS  |
| AT SURFACE: AT TOP PROD. INTERVAL:   | 12. COUNTY OR PARISH 13. STATE San Juan New Mexico  |
| AT TOTAL DEPTH:  | 14. API NO. \$\frac{1}{2} \frac{1}{2} \frac |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6311'GL   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE                                 | To hot out  |
| REPAIR WELL  PULL OR ALTER CASING   MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  Name Change  X  | (NOTE: Report results of multiple completion or zone change on Form 9–330.)  Change on Form 9–330.  |
| (other) Name Criary 1999  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly starting)   | te all pertinent details, and give pertinent dates,   |

including estimated date of starting any proposed work. If well is directionally measured and true vertical depths for all markers and zones pertinent to this work.)\* ALMAN C

The name of this well has been changed from the San Juan 32-9 Unit #83. Juan

FEB 1 2 1979 OIL CON. COM. DIST. 3

transferance.

Subsurface Safety Valve: Manu. and Type \_\_

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

(ACC) TITLED rilling Clerk DATE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: