APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

## **UNITED STATES**

UNITED STATES  DEPARTMENT OF THE INTERIOR	5. LEASE <u> </u>
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	्रेडिस हैं स्ट्रिस के जिल्हा स्ट्रिस हैं स्ट्रिस के जिल्हा स्ट्रिस स्ट्रिस के जिल्हा
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME 5 9 5
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME 9 0.33
1. oil gas well other	Marcotte
2. NAME OF OPERATOR	9. WELL NO. 14 Is 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18
EL PASO NATURAL GAS CO.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Mesa Verde
BOX 289, FARMINGTON, NEW MEXICO	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 8, T-31-N, R-10-W
below.) AT SURFACE: 1180'S, 1690'E	- NMPM = 90 5 3 7 0 N
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	San Juan Review Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 24 15 15 15 15 15 15 15 15 15 15 15 15 15
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5965' GL 🛪 👸 👸 👸 👸 👸 💮
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: ' TEST WATER SHUT-OFF []	Port State The State Sta State State State State State State State State State State Sta State State State State State State State Sta State Sta State Sta Sta Sta State Sta Sta Sta Sta Sta Sta Sta Sta Sta Sta
FRACTURE TREAT	Constitution of the consti
SHOOT OR ACIDIZE	1000 (100 to 100
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES   ABANDON*	The state of the s
(other)	eresiduenta oppraejo list depos lo i depos lo i depos lo il depos lo il nal riccio la il o sichi del o bonde di o bonde di o bonde di o bonde di o bonde di
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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 drilled, give subsurface locations and	
measured and true vertical depths for all markers and zones pertinent	t to this work.)* 물살님 및 물살님
12/4/78: Spuddod woll Drillod gumface	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12/4/78: Spudded well. Drilled surface 42# H-40 surface casing, 205' set at 217	
ft. cement. Circulated to surface. WOC	12 hours: held 600#/30% 20
minutes.	
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	nours; he had been a subject to the
Circ.	to bung side of the bung side of the same of the bungs of
ft. cement. Circulated to surface. WOC minutes.  Officerely Valve: Manu. and Type	2/1, 2 to 10
the state of the s	ေတြကို ရှိရိုက်သည်။ ကြားသည် ကျောည်းမို့
18. I hereby gertify that the foregoing is true and correct	មានិបស្ស៊ី ទស្ស គ្និស្សាប៉ា
SIGNED W. D. Ausco TITLE Drilling Clerk	C DATE 12/6/78 FF 5843

(This space for Federal or State office use)

DATE \_

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