Form 9–331
Dec. 1973

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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.)

1. oil well ☐   gas well ☒   other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1840'/S, 800'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

Form Approved.
Budget Bureau No. 42–R1424
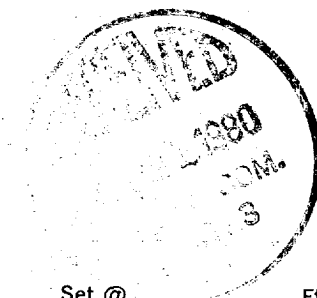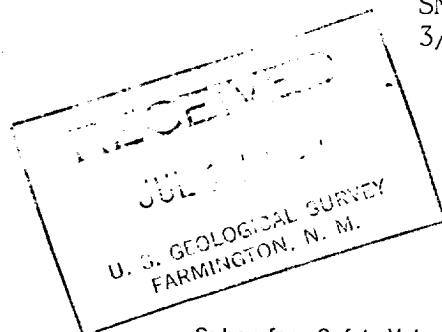
5. LEASE
SF 080376 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sheets

9. WELL NO.
1-A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T31N, R9W

12. COUNTY OR PARISH San Juan

13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6131' KDB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) Ran pump and rods		X

(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 drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7-2-80   Pulled two joints of 2 3/4" OD tubing and laid down.
String now contains 175 joints 5500.45' set at 5511.45'.
SN set at 5479.03'. Ran pump and (142) 5/8" rods, (75)
3/4" rods, and one 10' pony.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED _J B Grant_ TITLE _Production Engineer_ DATE _7-11-80_

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC
*See Instructions on Reverse Side

BY _____