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

5. LEASE	<u> </u>	5.	S C 5	
NM 0606	<u> </u>	==	\$ \$ 6	
6. IF INDIAN,	ALLOTTEE O	R TRI	BE NAME	
:	5230			
7. UNIT AGRE	EMENT NAM	1E.	å E ja	
		<u> </u>	4	
8. FARM OR L	EASE NAME			
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9. WELL NO.				
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10. FIELD OR W	ILDCAT NA	ME		
Blanco P	.C.	•		
11. SEC., T., R. AREA Se	, M., OR BLI	K. AN	DŞURVEY	OR
area Se	c. 29, 1	[-5]	-N, K-10	J - 1
	% N.M	1. P.I	И	
12. COUNTY OF	R PARISH 1	1 3 . S	TATE :	
San Juan		Ne	w Mexic	0
14. API NO.	1 H & N		7 E E F	
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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 Xother well well 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: 1550'N, 1650'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 5984' GL~ SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE $\exists \ \zeta$ **CHANGE ZONES** $\underline{\varsigma}$ ABANDON* (other)

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.)*

Spudded well. Drilled surface hole. 3-31-79:

Ran 3 jts. 8 5/8", 24#, J-55 surface casing, 126 set at 137. WOC 12 Cemented w/106 cu. ft. cement. Circulated to surface.

hours; held 600#/30 minutes.

Subsurface Safety Valve: Manu. and Type _ the foregoing is true and correct TITLE Drilling Clerk DATE SIGNED Š. (This space for Federal or State office use) tit wati a watime ri davig eveds davidendo DATE APPROVED BY . 01. g/s/ || || 191 CONDITIONS OF APPROVAL, IF ANY: <u>ម</u>្ពាធិ ជ ्र.**७**११

*See Instructions on Reverse Side

