distant.

UNITED STATES

SUNDRY NOTICES AND REPORTS ON WELLS Ob not use this form for proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or to despen or plug back to a different service. The Form 5-33-1 for such proposals to drill or the Form 5-33-1 for such proposals	UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 078096 SF 078096 SF OTRIBE NAME
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1. oil gas well other 2. NAME OF OPERATOR E1 Paso Natural Gas Company 3. ADDRESS OF OPERATOR P. O. Box 289, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below) AT SURFACE: 1150'S, 810'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 6. CHECK APPOPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF ETHANGE ZONES BANDON' 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent detais, 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.) 17. DESCRIBE PROPOSED OR COMPLETE OPERATIONS (Clearly state all pertinent detais, 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.) 18. Thereby certify that the foregoing is true and correct TITLE DITITING CLERK DATE 19. WELL NO. 11. SEC. T., R. M., OR BIK, AND SURVEY OR AREA SC. S., T31-N, R11-N, R11-N		# 5.5 £ 7.5
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TREST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE EPAIR WELL OR ALTER CASING WULTIPLE COMPLETE CHANGE ZONES BARNDON* 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.)* 4-28-79: TD 3020'. Ran 75 jts. 7", 20#, K-55 intermediate casing, 3008] set at 3020'. Cemented w/400 cu.ft. cement. WOC 12 hrs, held 1200#/30 min. Top of cement 2000'. 5-03-79: TD 5350'. Ran 75 jts. 4 1/2", 10.5#, K-55 casing liner: 2473' set 2877-5350'. Float collar set at 5333'. Cemented w/433 cu.ft. cement. WOC 18 hrs. Subsurface Safety Valve: Manu. and Type (This space for Federal or State office use) (This space for Federal or State office use)		15. ELEVATIONS (SHOW DF, KDB, AND WD) 6060' G.L.
REPAIR WELL PULL OR ALTER CASING	TEST WATER SHUT-OFF FRACTURE TREAT	# # # E # # E
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