procedure procedure

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## **UNITED STATES**

3-20-79: Ran 3 joints 8 5/8", 24#, J-55 surfa Cemented w/106 cu. ft. cement. Circ hours; held 600#/30 minutes.  Subsurface Safety Valve: Manu. and Type  18. I hereby Certify that the foregoing is true and correct SIGNED TITLE Drilling Cle  (This space for Federal or State off	rk DATE March 21. WOC 12. Suppose the March 21. 1979
Cemented w/106 cu. ft. cement. Circ hours; held 600#/30 minutes.  Subsurface Safety Valve: Manu. and Type	rulated to surface. WOC 12 months will be live to the result of the resu
Cemented w/106 cu. ft. cement. Circ hours; held 600#/30 minutes.	ulated to surface. WOC 12 year has well to surface. WOC 15 well to surface to leave the surface of leave the surfa
Cemented w/106 cu. ft. cement. Circ	ulated to surface. WOC 1222 and but well by the large will be surface with the large will be surface with the large will be surfaced with the large will be su
Cemented w/106 cu. ft. cement. Circ	ulated to surface. WOC 12222 and loss will be surface. WOC 12222 and loss will be supposed by the surface of th
Cemented w/106 cu. ft. cement. Circ	ulated to surface. WOC 12
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Cemented w/106 cu. ft. cement. Circ	ulated to surface. WOC 12
Cemented w/106 cu. ft. cement. Circ	ulated to surface. WOC 12
, , , , , , , , , , , , , , , , , , , ,	ulated to surface. WOC 1212
	CB Cacing 1711 cot at 1771
7 20 70. Day 7 inite 0 5/00 244 7 55	agent 1212 to train
3-19-79: Spudded well. Drilled surface hole.	
measured and true vertical depths for all markers and zones pertinen	nt to this work.)* Happy Line & Division And Andrew Line & Division Andrew Line & Line
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d	irectionally drilled, give subsurface locations and
ABANDON*	Control of the contro
CHANGE ZONES 🗍	
PULL OR ALTER CASING	change on Form 9-330.)
REPAIR WELL	(NOTE: Report results of multiple completion or zone
FRACTURE TREAT	
TEST WATER SHUT-OFF	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6270' GL
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. \$\frac{2}{2} \tag{2} \tag{2} \tag{2} \tag{2} \tag{2} \tag{2}
AT TOP PROD. INTERVAL:  AT TOTAL DEPTH:	San Juan New Mexico
AT SURFACE: 1660'S. 1490'W	12. COUNTY OR PARISH 13. STATE
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	AREA Sec. 22, T-31-N, R-10-W
P.O. Box 289, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco P.C.
2. NAME OF OPERATOR	
well gas to other	9. WELL NO.
1 oil goe	8. FARM OR LEASE NAME Atlantic
(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.)	# # Table 1
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
decedione solvei	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	1W1 U13U00 100 100 100 100 100 100 100 100 100
DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

\*See Instructions on Reverse Side