UNITED STATES

DEPARTMENT OF THE INTERIOR	5. LEASE \$12.55 \\ SF 078389A \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	<u> </u>
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME San Juan 32-9 Unit
(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 gas well other	San Juan 32-9 Unit
2. NAME OF OPERATOR	9. WELL NO. 결심통하는 김 물건의 90 연중같은 등 중심당
El Paso Natural Gas Company	10
3. ADDRESS OF OPERATOR	Blanco P.C. Ext
P.O. Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-31-N, R-10-W
below.) AT SURFACE: 1620'N, 1170'W	N.M.P.M.
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13, STATE
AT TOTAL DEPTH:	San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. Sign to be seen to be
NEI ONI, ON OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6149' GL වූමිණ සි සිදුම්මින්
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
FRACTURE TREAT	noger by series (via policy) of eadon buch to an eadon buch to a control of the c
REPAIR WELL	
PULL OR ALTER CASING	(NOTE: Report results of muritiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	Zitts of the Line
ABANDON*	Softs and the softs are softs and the softs and the softs and the softs and the softs
(other)	change on Form of the strict o
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent 6-15-79: Spudded well. Drilled surface hole. surface casing, 210' set at 222'.	rectionally drilled, give subsurface locations and to this work.)* Ran 5 jts. 8-5/8", 24#, J-55
Circulated to surface. WOC 12 hours	: held 600#/30 minutes 5558
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	Ine 10 pany fire 1
U. S. GEOLOGICAL CARMINICACION.	(1.15) (1.15)
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
SIGNED Stadfeed TITLE Drilling Cler	k DATE June 18, 1979
(This space for Federal or State offic	e use)
ADDROVED DV	
CONDITIONS OF APPROVAL, IF ANY:	1. Or
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*Sas Instructions on Bayers Si	Anothibus at anothibus at a second south and a second south and a second south and a second south anothibus at a second south and a second south anothibus at a second south and a second south anothibus at a second south and a second south anothibus at a

*See Instructions on Reverse Side

HOLE CON. COM. DIST. 3