

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
Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 810'N, 1440'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) _____	_____

5. LEASE
NM 013688

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Atlantic

9. WELL NO.
15

10. FIELD OR WILDCAT NAME
Blanco PC Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T-31-N, R-10-W
N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

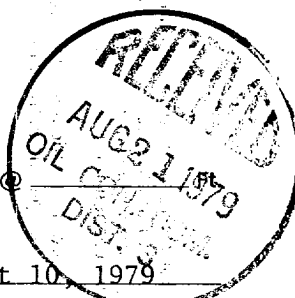
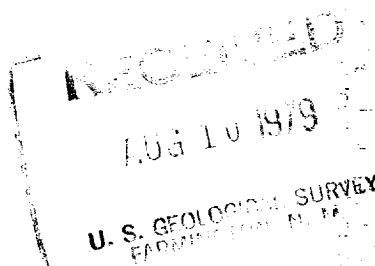
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6608' G.L.

(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.)*

8-8-79: PBTD 3580'. Tested casing to 4000#, OK. Perfed 3422,3442,3448,3454,3460,3464' w/1 SPZ. Fraced w/33,000# 10/20 sand, 38,000 gal. slick water. Flushed w/840 gal. water.



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

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drilling Clerk DATE August 10, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ymace