

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: 1180' N, 1620' W  
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 checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input 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  
SF 078459 - B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
Allison Unit
8. FARM OR LEASE NAME  
Allison Unit
9. WELL NO.  
16A
10. FIELD OR WILDCAT NAME  
Blanco - Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-32-N, R-7-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)  
6572' 'GL

(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.)\*

9-2-79 T.D. 3806'. Ran 92 joints, 7", 20#, K-55 intermediate casing, 3796' set at 3806'. Cemented w/353 cubic feet cement. WOC 12 hours, held 1200# / 30 minutes. Top of cement 2000'.

9-5-79: TD 6265'. Ran 80 joints 4½", 10.5#, K-55 casing liner, 2599' set 3666-6265'. Float collar set at 6247'. Cemented w/445 cu. ft. cement. WOC 18 hours.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_

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

SIGNED D. G. Busco TITLE Drilling Clerk DATE Sept. 6, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



RECEIVED  
SEP 14 1979

U. S. GEOLOGICAL SURVEY  
WASHINGTON, D. C.