UNITED STATES

Subsurface Safety Valve: Manu. and Type __

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

18. I hereby, pertify that the foregoing is true and correct

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	SF 078459-B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME Allison Unit 8. FARM OR LEASE NAME
1. oil gas well other	Allison Unit 9. WELL NO.
 2. NAME OF OPERATOR E1 Paso Natural Gas Company 3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, New Mexico 87401 	1,,,,
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1180'S, 1620' W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	AREA Sec. 15, T-32-N, R-7-W N.M.P.M. 12. COUNTY OR PARISH 13. STATE San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6572 GL
ABANDON*	CEVED (NOTE: Report results of multiple completion or zone of 1 3 1979 FOLOGICAL SURVEY
(other) FAR 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
6-79: PBTD 6247'. Tested casing to 3500#, OK. Pe 6062,6078,6105,6129,6185,6198' W/1SPZ. Fra gal. wtr. Flushed w/7938 gal. wtr.	
7-79: Perfed 5750,5763,5769,5775,5781,5787,5793,5 5880' W/1 SPZ. Fraced w/ 101,000# 20/40 sa 7770 gal. wtr.	

NMOCC'

TITLE

TITLE Drilling Clerk (This space for Federal or State office use)

*See Instructions on Reverse Side

DATE November 9,