UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

5.	LE.	\SE	
	SF	07845	9-B

9. WELL NO. 16A

N.M.P.M.

San Juan

14. API NO.

12. COUNTY OR PARISH

6	IF II	ND	ΔNI	ALLOT	TEE OD	TOIDE	MANA

7. UNIT AGREEMENT NAME. Allison Unit

8. FARM OR LEASE NAME Allison Unit

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)

13. STATE

New Mexico

CHINDDY	NOTICES	VND	RFPORTS	\mathbf{ON}	WFIIC
711181117	1411111.	MINI	REFURIA		

(Do not use this form for proposals to drill or to deepen reservoir. Use Form 9-331-C for such proposals.)

well Xother 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 FRACTURE TREAT

SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

(other)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

6572' GL

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.)*

11-8-79: PBTD 6247'. Tested casing to 3500#, OK. Perfed 5493,5530,5535,5539,5550,5556, 5582,5623,5629,5693,5722' W/1 SPZ. Fraced w/49,896# 20/40 sand, 90,268 gal. wtr. Flushed w/7,518 gal. wtr.

NOV 1 9 1979

U. S. GEOLOGICAL SURVEY Self-MICO COLL

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

Subsurface Safety Valve: Manu. and Type _

TITLE Drilling Clerk

DATE

November 13, 1979

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

iee Instructions on Reverse Side