UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	SF 078095 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
GEOLOGICAL SURVEY	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
4 .1	8. FARM OR LEASE NAME
1. oil gas vell other	Elliott A 9. 9. WELL NO.
2. NAME OF OPERATOR El Paso Natural Gas Company	<u>. 1A </u>
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco M.V. 6-
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. 19, T-31-N, R-11-W
below.) AT SURFACE: 1450'N, 980'W	N.M.P.M
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE 2 San Juan New Mexico
AT TOTAL DEPTH:	14. API NO. + 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	<u> </u>
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6012' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	0012 di
TEST WATER SHUT-OFF	prign Grand Color
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING MULTIPLE COMPLETE MULTIPLE COMPLETE	change on Form 9–330.)
CHANGE ZONES	A Bolt Charles I To the bolt of the bolt o
ABANDON*	
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	rectionally drilled give subsurface locations and
5-21-79: Spudded well. Drilled surface hole	
5-22-79: Ran 5 jts. 9 5/8", 36#, K-55 surface w/224 cu. ft. cement. Circulated to 30 minutes.	o surface. WOC 12 hours; held 600#
	The state of the s
Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby gertify that the foregoing is true and correct	12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
SIGNED 1. Buses TITLE Drilling Cle	rk DATE May 22, 1979
(This space for Federal or State office	ce use) STATE OF THE STATE OF T
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE TO THE OTHER DATE.
	consider of the consideration
	C Dim

*See Instructions on Reverse Side