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

	<u> </u>		Budget Bureau No. 42-R1424	
	<b>5.</b> LEASE SF 078	3097		
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
S	7. UNIT AG	REEMENT N	NAME	
	8. FARM OI Zachar	R LEASE NAM	ME	
	9. WELL NO 1 A	O		
	10. FIELD O		NAME	
e 17	AREA S		BLK. AND SURVEY OF T-31-N, R-11-W	
	12. COUNTY San Juan		13. STATE New Mexico	

SUNDRY NOTICES AND REPORTS ON WELL (Do not use this form for proposals to drill or to deepen or plug back to a diff reservoir. Use Form 9–331–C for such proposals.) gas well  $\square$ other well 2. NAME OF OPERATOR El Paso Natural Gis Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPCRT LOCATION CLEARLY. See space 1590'3, 1690'E AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5906 ' G.L.SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF  $\mathbf{x}$ FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date o 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.)\* 7-20-79: TD 2977'. Ran 74 jts. 7", 20.0#, J-55 intermediate casing, 2966' set at 2977'. Cemented w/418 cu. ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of Cement 1250'. 7-22-79: TD 5274'. Ran 74 jts. 4 1/2", 10.5#, K-55 casing liner, 2422' set at 2852-5274'. Floa: collar set at 5258'. Cemented w/438 cu. ft. cement. WOC 18 hours. Subsurface Safety Valve: Manu. and Type \_ Set @ 18. I hereby certify that the foregoing is true and correct TITLE Drilling Clerk July 23, DATE SIGNED (This space for Federal or State office use) APPROVED BY TITLE

CONDITIONS OF APPROVAL, IF ANY:

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