Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

tm 3-221	Dauget Bareas
UNITED STATES  DEPARTMENT OF THE INTERIOR	5. LEASE NM 0607 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	6. IF HADIAN, ALLO TEL ON THIS E. T.
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
oo not use this form for proposals to drill or to deepen or plug back to a different servoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1 (725	Atlantic C
well well other	9. WELL NO. 17
2. NAME OF OPERATOR El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME Blanco Pictured Cliffs
3. ADDRESS OF OPERATOR  Box 289, Farmington, New Mexico  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-31-N, R-10-V N. M. P. M.
below.) AT SURFACE: 1410'N, 1690'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6421' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF   FRACTURE TREAT	

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* Change Plans (other)

(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 managed and two vertical deaths for all markets and range and the starting and the measured and true vertical depths for all markers and zones pertinent to this work.)\*

It was originally planned to run 2 7/8" casing in this well. We ran 4 1/2" casing and cemented with 545 cu. ft. of cement to cover the top of the Ojo Alamo.

11.53(6)(d 11.153(6)(d

DATE November

Subsurface Safety Valve: Manu. and Type \_\_\_\_ 18. I hereby certify that the foregoing is true and correct

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

NMOCC