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

The second secon	
(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.)	8. FARM OR LEASE NAME
1. oil gas 🖂	Newberry
well well a other	9. WELL NO.
2. NAME OF OPERATOR	4A
El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Mesa Verde
Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-31-N, R-12-W N.M.P.M. 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) 6139' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	012a, GF
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.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertinent	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and nt to this work.)*
measured and true vertical depths for all markers and zones pertiner	· · · · · · · · · · · · · · · · · · ·
measured and true vertical depths for all markers and zones pertiner 2-9-80: PBTD 5403'. Tested casing to 3500#, 0	
	K. Perfed 4748,4756,4763,4770,489
2-9-80: PBTD 5403'. Tested casing to 3500#, 0	K. Perfed 4748,4756,4763,4770,489 2,4967,4972,4988,4994,5000,5007,
2-9-80: PBTD 5403'. Tested casing to 3500#, 0 4904,4917,4926,4932,4938,4944,4950,496	<pre>K. Perfed 4748,4756,4763,4770,489 2,4967,4972,4988,4994,5000,5007, 8,5169,5247,5267,5281' W/1 SPZ.</pre>

(This space for Federal or State office use)

_____ TITLE _____ Drilling Clerk

_ TITLE __

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SIGNEDA

Subsurface Safety Valve: Manu. and Type __

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

_____ DATE _

DATE

AGGEPTED FOR RECORD

February 12, 1980

applications.

FEB 13 1980