Franklinger.

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

		Budget Bureau No. 42-R1424
	5.	SF 078097
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
rent	7.	UNIT AGREEMENT NAME
	8.	FARM OR LEASE NAME Heaton
	9.	WELL NO. 8A
	10.	FIELD OR WILDCAT NAME Blanco Mesa Verde
17	11.	SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-31-N, R-11-W N.M.P.M.
	12.	COUNTY OR PARISH San Juan New Mexico
Œ,	14.	API NO.
	15.	ELEVATIONS (SHOW DF, KDB, AND WD)

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference or use Form 9–331–C for such proposals.) gas well \mathbf{x} well other 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 below.) 1790'S, 1570'E AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA 5856 **'** SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF 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 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.)* TD 2690'. Ran 69 joints 7", 20#, K-55 intermediate casing 2678' set at 2690'. 1-20-80: Cemented w/470 cu. ft. cement. WOC 12 hours; held 1200#/30 minutes. Top of cement 1000'. TD 5050'. Ran 82 joints 4 1/2", 10.5#, KS casing Liner 2551' set 2499-5050'. Float collar setat 5035'. Cemented w/ 445 cu. ft. cement. WOC 18 hours. Subsurface Safety Valve: Manu. and Type _ Set @ 18. I hereby certify that the foregoing is true and correct

Drilling Clerk DATE January TITLE SIGNED ... (This space for Federal or State office use) APPROVED BY _ TITLE _ DATE CONDITIONS OF APPROVAL, IF ANY: *See Instructions on Reverse Side