TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

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

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 078115 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE 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.)			
1. oil gas well other 2. NAME OF OPERATOR El Paso Natural Gas Company	Turner A 9. WELL NO. 1A 10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1120'N, 1520'W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-31-N, R-11-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 REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5716' GL		

(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 measured and true vertical depths for all markers and zones pertinent to this work.)*

3-6-80: Spudded well. Drilled surface hole. Ran 7 joints 9 5/8", 36#, K-55 surface casing 298' set at 311'. Cemented w/315 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 Minutes.



Subsurface Safety Valve: Manu. and Type			Set @	Ft.
18. I hereby certify that the foregoing is tru	e and correct			
SIGNED A J. Suizzo	TITLE Drilling Clerk	_ DATE _	March 24, 1980	
	This space for Federal or State office us	e)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE .	AGGEPTED FOR RE	Cor o

*See Instructions on Reverse Side

BY ML Luchera