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

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6.	IF II	MD.	IAN	ΑI	LOTTER OR TRIBE N	MALE

SUNDKY	MOTICES	AND	KEPUK	13 U	M MELLO	
not use this fo	rm for proposa	is to drill d	or to deepen (or plug	back to a differer	٦t

reservoir. Use Form 9-331-C for such proposals.)

1.	well gas well well well other
2.	NAME OF OPERATOR El Paso Natural Gas Company
3.	ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401
	LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.) 1140'S, 800'W AT SURFACE:

AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Vaughn

9. WELL NO. 27

10. FIELD OR WILDCAT NAME So.Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-26-N, R-6-W

12. COUNTY OR PARISH 13. STATE Rio Arriba NM14. API NO.

15. LLEVATIONS (SHOW OF, KIDE, AND WO.

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* Request for non-cancellation of approval

SUBSEQUENT REPORT OF:

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

The date is uncertain, but El Paso does intend to drill this location; therefore, it is requested that our approval to drill not be cancelled.



Subsurface Safety Valve: Manu, and Type

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

18. Thereby certify that the foregoing is true and correct

Drilling Clerk

November 9,1977

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

