UNITED STATES

Subsurface Safety Valve: Manu. and Type

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

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY:

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	SF 078835-A 6. IF INDIAN, ALLOTTEE OR TRIBE 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.)	7. UNIT AGREEMENT NAME San Juan 28-7 Unit 8. FARM OR LEASE NAME
1. oil gas well other	San Juan 28-7 Unit 9. WELL NO.
2. NAME OF OPERATOR EL PASO NATURAL CAS CO. 3. ADDRESS OF OPERATOR	236 10. FIELD OR WILDCAT NAME Basin Dakota
BOX 289, FARMINGTON, NEW MEXICO 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-27-N, R-7-W NATEM
AT SURFACE: 1550'N, 1085'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Rio Arriba 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)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	(NOTE: Repor: results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
12/26/78: Spudded well. Drilled surface K-55 surface casing, 200' set at 214'. Ce Circulated to surface. WOC 12 hours; held	mented with 224 cu. ft. cement.

*See Instructions on Reverse Side

(This space for Federal or State office use)

__ TITLE __

TITLE Drillin Clerk DATE 1/2/79

__ DATE _