of the figs.

Form Appr	oved.	
Budget Bu	reau No.	42-R1424

	Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
	UNITED STATES  DEPARTMENT OF THE INTERIOR	5. LEASE SF 080668
	GEOLOGICAL SURVEY	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 27-4 Unit
	1. oil gas well well well to other	8. FARM OR LEASE NAME San Juan 27-4 Unit 9. WELL NO.
	2. NAME OF OPERATOR El Paso Natural Gas Company	140
Particle	3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, NM 87401	10. FIELD OR WILDCAT NAME Blanco Mesa Verde  11. SEC., T., R., M., OR BLK. AND SURVEY OR
	4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1815'S, 400'E	AREA Sec. 10, T-27-N, R-4-W NMPM
	AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH Rio Arriba New Mexico
	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6797 GL
	REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)  SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:  AUG 27  A	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
	17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is comeasured and true vertical depths for all markers and zones pertined.	lirectionally drilled, give subsurface locations and
8-20-8	1: Spudded well. Drilled surface hole. Ran 5 j surface casing 220' set at 232'. Cemented w/surface. WOC 12 hours;held 600#/30 minutes.	
	Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	18. I hereby certify that the foregoing is true and correct signed	erk DATE August 20, 1981
_	(This space for Federal or State of	
	APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE

NMOCC

\*See Instructions on Reverse Sidgy 5mg