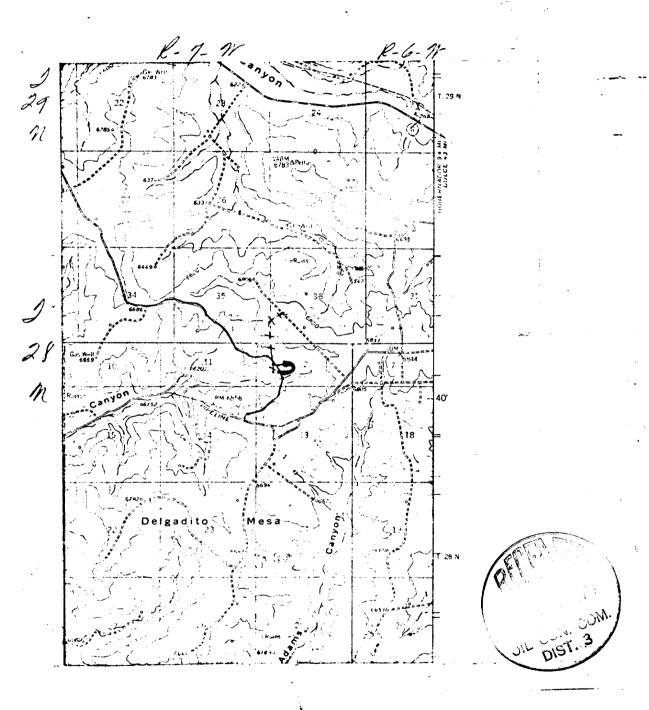
Jan . Jon . 28.7 # 218

And Quen 28-1 Unit # 218 25 21/1 der 12, 2-28-9, 1-7-9



LEGEND OF RIGHT-OF-WAYS

EXISTING	ROADS	
EXISTING	PIPELINES	
	ROAD & PIPELII	
PROPOSED		
PROPOSED	PIPELINES	++++
PROPOSED	ROAD & PIPELI	WE +

Torm	9-331
(May	1963)

UNITED STATES

SUBMIT	IN	TRIPLE	ICA?	CE:0
SODMIT	444	I ICIL I		
(Other i	nstr	uctions	on	re-

Form approved.

DATE _

DEPARTMENT OF THE INTER	RIOR (Other Instructions on re-	5. LEASE DESIGNATION AND SPRIAL NO. SF 079289
SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plus use "APPLICATION FOR PERMIT—" for such	ON WELLS g back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE OF TRIBE NAME 7. UNIT AGREEMENT NAME
OIL GAS X OTHER NAME OF OPERATOR		San Juan 28-7 Unit
El Paso Natural Gas Company Address of Operator		San Juan 28-7 Unit
P. O. Box 990, Farmington, New Mexico Location of Well (Report location clearly and in accordance with a See also space 17 below.) At surface 11.75'/S 1540'/W 14. PERMIT NO. 15. ELEVATIONS (Show whether 6650' GL		218 10. FIELD AND FOOL, OR WILDCAT Basin Dakota 11. SEC., T., E., M., OZ BLE. AND SURVEY OR AREA Sec. 12, T28N, R7W NMPM 12. COUNTY OR PARISH 13. STATE Rio Arriba N.M.
16. Check Appropriate Box To Indicate		Other Data
TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface in the state of	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results Completion or Recomp	REPAIRING WELL ALTERING CASING ABANDONMENT* of multiple completion on Well letion Report and Log form.)
6/6/74 Spudded well. Drilled surface casing, 227 set at 242. Ceme surface. WOC 12 hours; held 6	hole. Ran 7 jts. 9-5, ented with 224 cu. ft. (/8". 32.3# H-40 surface
•		
18. I hereby certify that the foregoing is true and correct		
1 Dieses	Drilling Clerk	DATE June 7, 1974

*See Instructions on Reverse Side

TITLE .

(This space for Federal or State office use)

APPROVED BY ________ CONDITIONS OF APPROVAL, IF ANY: