Form 9-334 May 1063)	UNITED STATES SUBMIT IN COTHER INTERIOR (Other inst COTHER (Other inst COTHER (OTHER) COT			. SUBMIT IN TRIPLICATE (Other instructions on r verse side)	Form approved. Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO. SF 079294		
	e this form for pro	OTICES AND RE	en or plug back t	a different reservoir.	6. IF INDIAN, ALLOTT	YEE OR TRIBE NAME	
1. OIL GAS X OTHER 2. NAME OF OPERATOR					San Juan 2	7. UNIT AGREEMENT NAME San Juan 28-7 Unit 8. FARM OR LEASE NAME	
El Paso Na 3. Address of off	ntural Gas (San Juan 2					
P. O. BOX 4. LOCATION OF WE See also space At surface		226 10. FIELD AND POOL, OR WILDCAT Basin Dakota					
1110)' S, 1840'	11. SEC., T., R., M., OR BLK, AND SURVEY OR AREA SEC. 36, T-28-N, R-7-W					
14. PERMIT NO.	RMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6135' GL				12. COUNTY OF PARIS	sh 13. state New Mexico	
16.	Check .	Appropriate Box To	Indicate Natur	e of Notice, Report, or	Other Data		
TEST WATER S FRACTURE TREE SHOOT OR ACID REPAIR WELL (Other) 17. DESCRIBE PROPO proposed wor nent to this w 04-05-77	SED OR COMPLETED ok. If well is directly a spudded we Ran 5 join	FULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS DEFRATIONS (Clearly state ctionally drilled, give sub 11. Drilled St. ts 9 5/8", 36#	all pertinent deta ssurface locations; urface hole , KS surfac	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report resul Completion or Recom ills, and give pertinent date and measured and true verting	eal depths for all markets	n on Well form.) ate of starting any ers and zones perti-	
				APR 14			
18. I hereby certify	that the foregoin	g is true and correct					

*See Instructions on Reverse Side

TITLE _

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY _____CONDITIONS OF APPROVAL, IF ANY:

DATE April 12, 1977

DATE _