Form 9-331 (May 1963)	UNITED STA	TED STATES SUBMIT IN TRIPLICATE* T OF THE INTERIOR (Other Instructions on reverse side)		re- Budget Bu	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
GEOLOGICAL SURVEY				SF078417		
SUND (Do not use this fo	ORY NOTICES AND RIPER FOR PERMIT	EPORTS O	N WELLS ck to a different reservoir.	6. IF INDIAN, ALLOT	THE OR THIBE NAME	
1.	7. UNIT AGREEMENT	7. UNIT AGREEMENT NAME				
WELL GAS WELL		San Juan 28-7 Unit				
2. NAME OF OPERATOR			15	8. FARM OR LEASE		
El Paso Natura 3. ADDRESS OF OPERATOR	1 Gas Company	10 10 10 10 10 10 10 10 10 10 10 10 10 1	13, 4.	San Juan 28	-7 Unit	
••	Farmington, NM 87	467 47		239		
4. LOCATION OF WELL (Re)	port location clearly and in accord		requirements.	10. FIELD AND POOL	, OR WILDCAT	
See also space 17 below At surface 208	0'S, 950'W	1 "4"		Basin Dakota		
		O.		11. SEC., T., R., M., SURVEY OR A	REA	
				Sec. 17, T-1	28-N, R-/-W	
14. PERMIT NO.	15. ELEVATIONS (S	how whether DF,	RT, GR, etc.)	12. COUNTY OR PAR	ISU 13. STATE	
	669	1' GL		Rio Arriba	New Mexico	
16.	Check Appropriate Box T		sture of Notice Report	or Other Data		
	THE OF INTENTION TO:	o maicale 14		BSEQUENT REPORT OF:		
NO	· · · · · · · · · · · · · · · · · · ·			X BEPAIRIN	NO WELL	
TEST WATER SHUT-OFF	PULL OR ALTER CASI MULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT		G CASING	
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDON	MENT*	
REPAIR WELL	CHANGE PLANS		(Other)	741.7		
(Other)			Completion or Rec	sults of multiple completion Report and Log	form.)	
proposed work. If nent to this work.) •	completed operations (Clearly st well is directionally drilled, give	surface h	ole.	errical depends for an mar	and and and perti	
wit	n 7 joints 9 5/8", 32 Th 225 cu. ft. cement minutes.	3#, K-55 Circul	ated to surface.	WOC 12 hours;	held 600#/	
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					.* 	
		•	•	• •		
18. I hereby certify that	the foregoing is true and correct					
SIGNED /	9. Auses	TITLE	Drilling Clerk	DATEN	lay 08, 1975	
(This space for Feder	al or State office use)					
APPROVED BY		TITLE		DATE		
CONDITIONS OF AP	PROVAL, IF ANY:					