

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

5. LEASE  
SF 080516-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
San Juan 28-5

8. FARM OR LEASE NAME  
San Juan 28-5

9. WELL NO.  
101

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 13, T-28-N, R-5-W  
NMEM

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7499' GR

**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.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
EL PASO NATURAL GAS CO.

3. ADDRESS OF OPERATOR  
BOX 289, FARMINGTON, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1470'S, 1840'W  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

|   |                                     |
|---|-------------------------------------|
| REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:               |
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/>            |
| (other) <input type="checkbox"/>              |                                     |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

12/11/78: T.D. 4870'. Ran 118 joints 7", 23 and 20#, N-80 and KS intermediate casing, 4858' set at 4870'. Cemented with 245 cu. ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of cement at 3200'.

12/16/78: T.D. 8903'. Ran 274 joints 4 1/2", 10.5 and 11.6#, N-80 and K-55 casing liner, 8893' set 8903'. Float collar set at 8895'. Cemented with 643 cu. ft. cement. WOC 18 hours. Top of cement 4100'.

12/19/78: PBTD 8895'. Tested casing to 4000#, OK. Perfed 8717,8761, 8789,8805,8811,8821,8826,8832,8838,8879 with 1 SPZ. Fraced w/92,500 # 20/40 sand and 61,250 gal. treated water.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_

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

SIGNED [Signature] TITLE Drilling Clerk DATE 1/10/79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

