16.

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES**

CONDITIONS OF APPROVAL, IF ANY:

ABANDON* (other)

(NOTE: Report results of multiple completion or zone

0.00

change on Form 9-330.)

91816 OL 1.65

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SEE SEE SEE SEE SEE SEE SEE SEE SEE
SUNDRY NOTICES AND REPORTS ON WELLS not use this form for proposals to drill or to deepen or plug back to a different voir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME San Juan 28-6 Unit
oil gas well other	8. FARM OR LEASE NAME San Juan 28-6 Unit 9. WELL NO.
NAME OF OPERATOR El Paso Natural Cas Company	59A 10. FIELD OR WILDCAT NAME
ADDRESS OF OPERATOR P.O. Box 289, Farmington, New Mexico 87401	Blanco M.V. 11. SEC., T., R., M., OR BLK. AND SURVEY OF
LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 14, T-28-N, R-6-W
AT SURFACE: 1850'N, 1844'W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH RIO Arriba New Mexico
CHECK APPROPRIATE EOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)

17. DESCRIBE PROPOSED CIR 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.)*

Spudded well. Drilled surface hole. Ran 5 jts. 9 5/8", 36#, K-55 5-24-79: surface casing, 206' set at 217'. Cemented w/224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct May 25, 1979 Drilling Clerk DATE 311 (This space for Federal or State office use) -250 = APPROVED BY

*See Instructions on Reverse Side

3 0 1979

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