e jagase etc.

Million .

UNITED STATES DEPARTMENT OF THE INTERIOR

	5. LEASE 10.0 10.0 10.0 10.0 10.0 10.0 10.0 10.
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-	## <u>#</u> ###
	7. UNIT AGREEMENT NAME S.J. 28-6 Unit
t	
-	8. FARM OR LEASE NAME S.J. 28-6 Unit
	9. WELL NO. 5A
	10. FIELD OR WILDCAT NAME Blanco M.V.
٠	11. SEC., T., R., M., OR BLK. AND SURVEY OR
7	AREA Sec. 14, T-28-N, R-6-W,
,	N.M.P.M.
	12. COUNTY OR PARISH 13. STATE
	Rio Arriba New Mexico
_	14. API NO. + 1.5 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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GEOLOGICAL SURVEY 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 gas well other well 2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) AT SURFACE: AT SURFACE: 1700'S, 1690'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6410' G.L. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: A PONT OF STATE OF THE STATE OF TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING ė. MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other)

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.)*

TD 3622'. Ran 91 joints 7", 20#, K-55 intermediate casing, 3610' 6-5-79: set @ 3622 Cemented with 248 cu. ft. cement. WOC-12 hours, held 1200#/30 minutes. Top of cement 2400'.

TD 5925'. Ran 76 joints 4 1/2", 10.5#, K-55 casing liner 2473' 6-8-79: set 3452-5925'. Float collar set at 5908'. Cemented with 423 cu. ft. cement. WOC 18 hours. 2

Subsurface Safety Valve: Manu. and Type _ OIL COIV. 18. I hereby certify that the foregoing is true and correct œ adjuld TITLE Drilling Cle SIGNED (This space for Federal or State office TITLE DATE APPROVED BY 9119 CONDITIONS OF APPROVAL, IF ANY: 7 JUN: 134979

See Instructions on Reverse Side