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

	SF 079051-B
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
rent	San Juan 28-6 Unit
	8. FARM OR LEASE NAME
	San Juan 28-6 Unit
	9. WELL NO.
	97A
	10. FIELD OR WILDCAT NAME
	Blanco M.V.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
17	AREA Sec.35. T-28-N, R-6-W
	N.M.P.M.
	12. COUNTY OR PARISH 13. STATE
	Rio Arriba New Mexico
CE,	14. AFI NO.
JL,	15 FLEVATIONS (SHOW DE KDP AND WD)
	15. ELEVATIONS (SHOW DF, KDB, AND WD)

5. LEASE

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a diffe reservoir. Use Form 9–331–C for such proposals.) \mathbf{x} other well well 2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space AT SURFACE: AT SURFACE: 800'S, 1600'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA 6333' G.L. SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* PBTD 5738'. Tested casing to 3500#, OK, Perfed P.L. 5300,5312,5342,5357,5364, 9-8-79: 5390,5400,5405,5424,5430,5436,5476,5529,5535,5602,5616,5623,5638,5650,5684,5728 W/1 SPZ. Fraced w/80,000# 20/40 sand, 160,000 gal. water. Flushed w/7,000 gal. water. Perfed C.H. & Men. 4770,4778,4797,4804,4818,4862,4882,4896,4988,5012, 5025,5067,5093,5116,5146' W/1 SPZ. Fraced w/60,000# 20/40 sand, 124,000 gal. water. Flushed w/6,300 gal. water. Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct usco TITLE Drilling Clerk DATE September 10, 1979 (This space for Federal or State office use) APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Bridge.