ć Ž

New Mexico

生まるた

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

	Budget	Bureau	No. 42-R142	Á
5. LEASE	3 8 8		0.00	_
SF_07929	00A	13	<u>ं</u> शक्∕	
6. IF INDIAN,	ALLOTTEE	OR TRIE	BE NAME	
	# 1	Ξ,	0 # 12	
7 LINIT AGRE	EMENT NA	ME	W Color	_

S.J. 28-7 Unit 8. FARM OR LEASE NAME

S.J. 28-7 Unit

Blanco M.V.

Rio Arriba

14. API NO.

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
--------	---------	-----	----------------	----	-------

- 1. oil well well other 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME El Paso Natural Gas Company 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 289, Farmington, N.M. 87401
- 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 915'N, 1700'W AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:
- 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: **TEST WATER SHUT-OFF** FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other)

SUBSEQUENT REPORT OF:

State of a state of the state o (NOTE: Report results of multiple completion or zone change on Form 9-330.). 1 (119 (1) (19 (1) (19 (

15. ELEVATIONS (SHOW DF, KDB, AND WD)

AREA Sec 13, T-28-N, R-7-W

N.M.P.

12. COUNTY OR PARISH 13. STATE

6653', G.L.

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.)* tipping policy about the about

6-11-79: Spudded well Drilled surface. hole. Ran 5 joints 9 5/8", 36#, K-55 surface casing, 203' set at 217'. Cemented with 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

SIGNED __

Luid TITLE Drilling Clerk DATE

(This space for Federal or State office use)

APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

DATE

0.9

e Instructions on Reverse Side