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2507200

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposable to drill or to deepen or plug back to a different reservoir. Dis form 2-531-C for such proposable)  1. oil gas other such proposable to drill or to deepen or plug back to a different reservoir. Dis form 2-531-C for such proposable)  2. NAME OF OPERATOR  E1 Paso Natural Gas Company  3. ADDRESS OF OPERATOR  BOX 289, Farmington, New Mexico 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below)  AT SURFACE: AT TOTAL DEFTH: AT TOTAL DEFTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: FEST WATER SHUT-OFF FRACTURE TREAT SHOT OR ALIDIZE BANDON'S  HOND OR ALIDIZE BANDON'S  ABANDON'S  (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.)*  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the forgeoing is true and correct signed and true vertical depths for all markers and zones pertinent to this work.)*  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the forgeoing is true and correct signed and true vertical depths for all markers and zones pertinent to this work.)*  SERVICE SERVINE SHAME  7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  Valdez  9. WELL NO.  10. FIELD OR WILLOCAT NAME  Cho2a Mesa PC Ext.  11. SEC, T. R. R. M. OR BLK. AND SURVEY OR AREA SC. 9, T-28-N, R-4-W  N. M.P. M.  12. CCOUNTY OR PARISH 13. STATE  ARIA SATION.  13. APPLIANCE  CND2 Mesa PC Ext.  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  7495.* GL  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330	DEPARTMENT OF THE INTERIOR	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 different reservor. Use form 3-31-C for such proposals.)  1. oil gs other Sunded of the proposals.  2. NAME OF OPERATOR E1 Paso Natural Gas Company  3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) AT SURFACE: 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 FRACTURE TREAT SHOOT OR ACIDIZE BEARM WELL PULL OR ALTER CASING MULTIPLE COMPLETE DEPERATIONS (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.)  30-79: PBTD 4585'. Tested casing to 4000#, OK. Perfed 4311,4326,4336,4336,4356,4414. 4424,4434,4444,4454,4464,4474,4484,4494' W/1 SPZ. Fraced w/ 152,000# 10/20 sand, 157,000 ga1. wtr. Flushed w/1050 ga1. wtr.  50 Subsurface Safety Valve: Manu, and Type.  Subsurface Safety Valve: Manu, and Type.  18. I hereby ceptify this the foggoing is true and correct		
Continue this form for proposals to drill or to deepen or plug back to a different reservoir. Use form sold for such proposals.)   1. oil	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOT LEE OR TRIBE NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-315 (of such proposals.)  1. oil gas well other  2. NAME OF OPERATOR E1 Paso Natural Gas Company  3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) 860'S, 1590'E AT SURFACE: 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAR WELL PULL OR ALTER CASING 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.)  10. FIELD OR NILDCAT NAME Choca Mess PC Ext.  11. SEC, T. R., M. OR BLK, AND SURVEY OR AREA Scc. 9, T-28 N, R-4-W N.M.P.M. 12. COUNTY OR PARISH 13. STATE RIO, ATTIBLE NOW MEXICO 14. APINO.  15. ELEVATIONS (SHOW DF, KDB, AND WD) 7495' GL  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  10. TEST WATER SHUT-OFF COMPLETE COMPLETE 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.)  10. TEST WATER SHUT-OFF Choca 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.)  10. TEST WATER SHUT-OFF Choca Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to thi	SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
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AREA Sec. 9, T-28- N, R-4-W below)  860 'S, 1590 'E 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: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE CHANGE ZONES ABANDON*  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.)*  18. I hereby certify that the forgoing is true and correct  AREA Sec. 9, T-28- N, R-4-W N.M.P.M. 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD) 7495 'GL  (NOTE: Report results of multiple completion or zone change on Form 9-330.)  (NOTE: Report results of multiple completion or zone 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.)*  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.)*  18. Total Describe Proposed No. 10.00 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 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 details, and gi		
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REPAIR WELL PULL OR ALTER CASING	FRACTURE TREAT	
PULL OR ALTER CASING	<u></u>	
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18. I hereby certify that the foregoing is true and correct  Drilling Clork  October 9, 1979	4424,4434,4444,4454,4464,4474,4484,4494' W/	1 SPZ. Fraced w/ 152,000# 10/20
18. I hereby certify that the foregoing is true and correct  Drilling Clork  October 9, 1979		
18. I hereby certify that the foregoing is true and correct  Drilling Clork  October 9, 1979		On Conformation of the Property of the Propert
M. Bulley Drilling Clork October 0, 1979	Subsurface Safety Valve: Manu. and Type	Ft.
SIGNED W. J. Susco TITLE Drilling Clerk DATE October 9, 1979	18. I hereby certify that the foregoing is true and correct	
	SIGNED M. J. Susco TITLE Drilling Cle	rk DATE October 9, 1979
(This space for Federal or State office use)	(This space for Federal or State of	fice use)
APPROVED BY TITLE DATE		DATE TO IS IF IT 77
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