(other)

Form Approved.

## UNITED STATES DEPARTMENT OF THE INTERIOR

			Bude	et Bureau	No. 42-R142
	5.	LEASE		<u>.</u>	
		SF079729			
	6.	IF INDIAN, A	LLOTTE	E OR TRIE	BE NAME
-					* * :
	7.	UNIT AGREE	EMENT N	IAME	
				. <u> </u>	· · ·
_	8.	FARM OR LE	ASE NAM	VE.	
		Valdez	<u>. 1 : : : : : : : : : : : : : : : : : : </u>		÷ .*
_	9.	WELL NO.	- ••		
		4	ar i gar		
_	10.	FIELD OR W	ILDCAT I	NAME	
i		Choza Me	esa P.	C. Ext	•
	11.	SEC., T., R.,	M., OR	BLK. AND	SURVEY O
		AREA Sec.	21,	T-28-N	, R-4-W
İ				N.M.P	
	12.	COUNTY OR	PARISH	13. ST	ATE
Ì		Rio Arri	ba	New	Mexico
-	14.	API NO.		-	

**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 xx well other 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 17 below.) 940'N, 790'E AT SURFACE: 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) 7407' GL REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 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\*

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.)\*

PBTD 4473'. Tested casing to 4000#, OK. Perfed 4246, 4252,4263,4273,4286, 10-9-79: 4296,4338,4346,4360,4366,4373,4387,4403,4413,4424' W/1 SPZ. Fraced w/ 134,000# 10/20 sand, 143,900 gal. wtr. Flushed w/ 1090 gal. wtr.

18.	I hereby certify that the foregoing is true and corre

9. Busco

Subsurface Safety Valve: Manu. and Type \_\_\_

\_ TITLE \_Drilling Clerk

October 10, 1979

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE

... S. GEOLOGICAL SURVEY

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