Form Approved. Budget Bureau No. 42-R1424

LINITED STATES

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 sphelow.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF Note of the Note of	cu. ft. cement. Circulated to s Set @Ft. Clerk DATE May 13, 1980
BOX 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See sp. below.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF Not REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clear including estimated date of starting any proposed work. If we measured and true vertical depths for all markers and zones 0-80: Spudded well. Drilled surface hole. Ran casing 213' set at 226'. Cemented w/ 22 surface. WOC 12 hours; held 600#/30 minu Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct	cu. ft. cement. Circulated to s
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El Paso Natural Gas Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See spidelow.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NAREPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clear including estimated date of starting any proposed work. If very content of the conten	
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El Paso Natural Gas Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See spidelow.) AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF Normal Report, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*	state all pertinent details, and give pertinent dates
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El Paso Natural Gas Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See species) below.) AT SURFACE: AT TOP PROD. INTERVAL:	CE,
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See specific below.) AT SURFACE: 9101 S, 10401 E	Rio Arriba New Mexico
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El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	17 AREA Sec. 15, T-28-N, R-6-W
El Paso Natural Gas Company	So. Blanco PC Ext. & Blanco MV 11. SEC., T., R., M., OR BLK. AND SURVEY OR
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
	9. WELL NO. 46A (PM)
1. oil gas well well well other	San Juan 28-6 Unit
(Do not use this form for proposals to drill or to deepen or plug back to a creservoir. Use Form 9–331–C for such proposals.)	San Juan 28-6 Unit 8. FARM OR LEASE NAME
SUNDRY NOTICES AND REPORTS ON WEL	
GEOLOGICAL SURVEY	
DEPARTMENT OF THE INTERIOR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME