PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

LINITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

| Form 9–331 Dec. 1973 | Form Approved. Budget Bureau No. 42–R1424 |
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| UNITED STATES DEPARTMENT OF THE INTERIOR | 5. LEASE SF 078417 |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 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.) | 7. UNIT AGREEMENT NAME San Juan 28-7 Unit 8. FARM OR LEASE NAME |
| 1. oil gas well other | San Juan 28-7 Unit 9. WELL NO. |
| 2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR | 231E 10. FIELD OR WILDCAT NAME Basin Dakota |
| 3. ADDRESS OF OPERATOR P.O. Box 289, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1915'S, 1930'W AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16, T-28-N, R-7-W NMPM 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico 14. API NO |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6228' GL |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING SUBSEQUENT REPORT OF: PULL OR ALTER CASING SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: | |

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.)*

3-19-81: PBTD 7404' Tested casing to 3500#, OK. Perfed: 7184,7194,7203,7211,7218,7308,7316,7338,7347,7360,7368,7376,7384' W/1 SPZ. Fraced w/ 165,000# 20/40 sand, & 56,000 10/20 sand, 125,000 gal. wtr. Flushed w/ 4500 gal. wtr.

ACCEPTED FOR RECORD

MAR 24 1981

FARMINGTON DISTRICT

Set @ _____ Ft. Subsurface Safety Valve: Manu, and Type ______ 18. I hereby certify that the foregoing is true and correct Drilling Clerk DATE March 23, 1981 (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side