OF COLUMN

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

	Budge	Approved. et Bureau No. 42-R1424	
i	S.F. 070330		
	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
nt	7. UNIT AGREEMENT NAME Huerfanito		
_	8. FARM OR LEASE NAME		
	Huerfanito Un: 9. WELL NO. 88		
_	10. FIELD OR WILDCAT N. Blanco Mesa Ven		
7	11. SEC., T., R., M., OR B		
	12. COUNTY OR PARISH San Juan	13. STATE New Mexico	
-	14. API NO.		
	15. ELEVATIONS (SHOW 6108' GL	DF, KDB, AND WD	
change on Form (2000)			
ate all pertinent details, and give pertinent dates directionally drilled, give substitute locations and ent to this work.)*			
90 days after installation			
•	is required	.	

SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME Huerfanito
(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.)	8. FARM OR LEASE NAME
1. oil gas 🔻	Huerfanito Unit
well well tother	9. WELL NO.
2. NAME OF OPERATOR	88
El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Mesa Verde Ext.
P. O. Box 289, Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY O
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 23, T27N, R9W
AT SURFACE: '900 'N, 1500'E AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOP FROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico
	14. API NO.
 CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 	
	15. ELEVATIONS (SHOW DF, KDB, AND WD 6108° GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	A CONTRACTOR OF THE PARTY OF TH
PULL OR ALTER CASING	change on Form (4386)
MULTIPLE COMPLETE	
ABANDON*	1 50 mm
(other)	1 962 05 7
1 0.33	3 %
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	
Set a packer and test for production.	
al is arailed to total well for 9 or. At the end of that time it will, country casing inorder to pr ince on the leading inorder to pr	is required to
	· · · · · · · · · · · · · · · · ·

Subsurface Safety Valve: Manu. and Type ___ _____ Set @ _____ Ft. 18. I nereby/cerfify that the foregoing is true and correct Production SIGNED ______ TITLE Engineer _ DATE ____3-6-81 (This space for Federal or State office use) APPROVED BY __ TITLE ___ CONDITIONS OF APPROVAL, IF ANY:

SISTRICT OIL & GAS SUPERVISOR