Form	9-331
(May	1963

TEST WATER SHUT-OFF

FRACTURE TREAT

(Other)

UNITED STATES SUBMIT IN TRIPLICATE.

Form approved.

REPAIRING WELL

ALTERING CASING

(May 1903)	DADTAKENT OF THE INTEDIOR (Other instructions on	Budget Bureau No. 42-R1424.			
DI	EPARTMENT OF THE INTERIOR (Other instructions on in	5. LEASE DESIGNATION AND SERIAL NO.			
	IDI OLSSOL				
SUNDR' (Do not use this form Use	6. IF INDIAN, ALLOTTER OR TRIBE NAME				
OIL GAS WELL WELL	OTHER	7. UNIT AGRESMENT NAME			
2. NAME OF OPERATOR		8. FARM OR LEASE WAME			
El Paso Matural Gas Company		Blenco			
3. ADDRESS OF OPERATOR		9. WELL NO.			
Box 990, Parmingt	16				
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990'N, 890'W		10. PIELD AND POOL, OR WILDCAT			
		11. SHC, T., R., M., OR RUE. AND SHEVEY OR AREA Sec. 36. T-28-W, R-8-W			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE			
	6213' CE	Sen Jenn Bev Mexico			
6.	heck Appropriate Box To Indicate Nature of Notice, Report, or	Other Data			

SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (Other) . (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

WATER SHUT-OFF

FRACTURE TREATMENT

On 6-16-66 spudded well and drilled 135' of surface hole. Ram 4 joints 8 5/8", 244, J-55 easing (123.90') set at 133.90' w/85 sacks Class "A" cement, 3% calcium saloride, 1/4 ou. ft. Strate-Crete 6"/sk., circulated to surface.

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.)*

PULL OR ALTER CASING

MULTIPLE COMPLETE



JUN 22 1966 U. S. GEOLOGICAL SURVEY FARMINGT N. N. BY.

. I hereby certify that the foregoing is true and correct				
SIGNED Original Signed F. H. WOOD	TITLE RESTOR	um Engineer	DATE .	6-20-66
(This space for Federal or State office use)		:		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	·

*See Instructions on Reverse Side