(other)

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE SF 077123 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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 other	8. FARM OR LEASE NAME Warren
well well other 2. NAME OF OPERATOR El Paso Natural Gas Company	9. WELL NO. 3A 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401	Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1070'N, 1850'W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	AREA Sec. 13, T-28-N, R-9-W N.M.P.M. 12. COUNTY OR PARISH 13. STATE San Juan 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) 5852' GL
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: MISSEQUENT REPORT OF: SUBSEQUENT REPORT OF: MISSEQUENT REPORT OF: SUBSEQUENT REPORT OF: ABANDON* SUBSEQUENT REPORT OF: ABANDON* SUBSEQUENT REPORT OF: ABANDON* SUBSEQUENT REPORT OF: ABANDON* SUBSEQUENT REPORT OF: ABANDON*	(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

1-8-80: Spudded well. Drilled surface hole.

1-9-80: Ran 5 joints 9 5/8", 36#, K-55 surface casing 207' set at 220'. Cemented w/ 224 cu. ft: cement. Circulated to surface. WOC 12 hours:held 600#/30 minutes.

Subsurface Safety Valve: Manu. and Type ___ . Set @ ___ 18. I hereby certify that the foregoing is true and correct January 10, 1980 77 ___ TITLE <u>Drilling Clerk</u> DATE _ SIGNED ... (This space for Federal or State office use) APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FARMING CORCT