5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	NM 013860	9 5 6
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTE	E 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
	8. FARM OR LEASE NA	ME
1. oil gas well well with other	Hardie E	• •
	9. WELL NO.	
2. NAME OF OPERATOR	3A :	•
El Paso Natural Gas Company	10. FIELD OR WILDCAT	NAME
3. ADDRESS OF OPERATOR	Blanco Mesa V	/erde
Box 289, Farmington, New Mexico 87401	11. SEC., T., R., M., OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1800.15 0.70.15	AREA Sec. 23, T-28-N, R-8-W	
AT SURFACE: 1800'S, 830'E	12. COUNTY OR PARISH	13. STATE
AT TOTAL DEPTH:	San Juan	1
16 CHECK APPROPRIATE POWER	14. API NO.	New Hexteo
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
HEI ONT, ON OTHER DATA	15. ELEVATIONS (SHOW	DE KDB AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	6253'	G1
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	9200	
FRACTURE TREAT		
SHOOT OR ACIDIZE	발생 회사 <u>.</u>	
REPAIR WELL	(NOTE: Papert	
PULL OR ALTER CASING	(NOTE: Report results of mu change on Form 9-	Iltiple completion or zone 330.)
CHANGE ZONES		
ABAINDON*		
(other)		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is directly measured and true vertical depths for all markers and zones pertinent	rectionally drilled, give sub-	give pertinent dates, surface locations and
	· · · · · · · · · · · · · · · · · · ·	4 2 2 T
Surface casing 212' set at 224'. Cemente	Ran 5 joints 9 5/8 ed w/ 224 cu. ft. 6 600#/30 minutes.	", 36#, KS cement.
		in die Grand German
Subsurface Safety Valve: Manu. and Type		AT IN
18. I hereby certify that the foregoing is true and correct	17	LULIY V
SIGNED WILL Drilling Cler	k Januar 5	B , 198980
(This space for Federal or State office	1011	CON. COM
APPROVED BY TITLE TOUR STATE	DATE	DIST. 3
N _{MOCC} [†]	# 4 1 A A	OFFICE TAS REGA

*See Instructions on Reverse Side

Thurs ! , Pro