12-

UNITED STATES

5.	LEA:			
	ΝM	01	386	0 A

DEPARTMENT OF THE INTERIOR	NM 013860A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WE Do not use this form for proposals to drill or to deepen or plug back to reservoir, Use Form 9–331–C for such proposals.)	
1. oil gas well other	8. FARM OR LEASE NAME Russell
well well other 2. NAME OF OPERATOR	9. WELL NO.
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Undes PC Undes Chacra
P.O. Box 289, Farmington, NM 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See s	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-28-N, R-8-
below.) AT SURFACE: 1695'N, 1120'E	NMPM 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF REPORT, OR OTHER DATA	NOTICE, LEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT	62211 101
FRACTURE TREAT	JAIN DE LA COLLEGE
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
CHANGE ZONES	
other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Cleincluding estimated date of starting any proposed work. If measured and true vertical depths for all markers and zones 3-80: Spudded well. Drilled surface 24#, K-55 surface casing 121' cement. Circ. to surface W	well is directionally drilled, give subsurface locations and spertinent to this work.)*
	The moders, need ooom/50 minutes.
	JAN 14 1981
Subsurface Safety Valve: Manu. and Type	
8. I hereby certify that the foregoing is true and correct	DIST. 3
IGNED al. Duscs TITLE Drilling	Clerk Januray 2, 1981
(This space for Federal o	or State office use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY: AUGUST 129 FUR MEDICAL	

JAN 13 1981

*See Instructions on Reverse Side

