

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

1. oil well gas well other

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1570'N, 930'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF 078424

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 29-7 Unit

8. FARM OR LEASE NAME
San Juan 29-7 Unit

9. WELL NO.
51A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde & Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T-29-N, R-7-W NMPM

12. COUNTY OR PARISH | 13. STATE
Rio Arriba | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6638' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

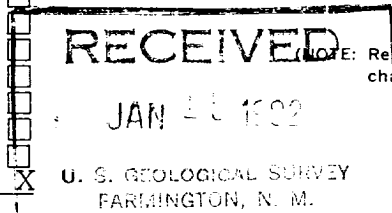
PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Cancel Application to Drill



(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.)*

We have no immediate plans for drilling this well. Please rescind your Approval to Drill and we will resubmit our application at a later date.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED N. P. Brisco TITLE Drilling Clerk DATE January 14, 1982

(This space for Federal or State office use) **ACCEPTED FOR RECORD**

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

JAN 18 1982
FARMINGTON DISTRICT
BY S. H. A.