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UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

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NOTICES			

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.	NAM	E OF	OPERA	TOR				
	E1	Pasc	Natu	ra1	Gas Compa	ny	-	
3.			OF OPE			Ť		
	P. 0). Bo	$\propto 289$. F	armington,	New	Mexico	87401
4.	LOC	ATION	OF WE	LL (R	EPORT LOCATI	ON CL	EARLY. See	space 17

below.) AT SURFACE: 1100'S, 1160'E

AT TOP PROD. INTERVÁL:

AT TOTAL DEPTH:

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

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)		
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San Juan 30-6 Unit 18.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 19.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 0

10. FIELD OR WILDCAT NAME Blanco M.V.

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME

San Juan 30-6 Unit

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-30-N, R-7-W N.M.P.M.

12. COUNTY OR PARISH 13. STATE 5 Rio Arriba 🟣 New Mexico 12 mg 14. API NO. 医多类菌

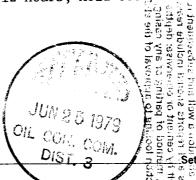
15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>6638' GL≲ ^{© A} ≅</u> 3200 5 ena floca enament to prome t epoder to

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(NOTE: Report results of multiple completion or zone change on Form 9-330.) gitatego (few original) of the demand of the hermal of the hermand of the herman of th 5 € 5 tood tood detail 36

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.)*

Spudded well. Drilled surface hole. Ran 5 jts. 9 5/8", 36#; K-55 6-5-79: surface casing, 206' set at 220'. Cemented w/224 cu, ft. Circulated to surface. WOC 12 hours; held 600#/30 minutes 5



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June 11.

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Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct SIGNED A

Drilling Clerk

DATE TITLE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

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Vuy.

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See Instructions on Reverse Side