Form 9-331 (May 1963)

## UNITED STATES DEPARTMENT OF THE INTERIOR

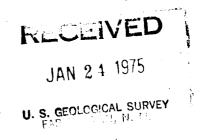
S SUBMIT IN TRIPLICATE\*
(Other Instructions on re-

Form approved,
Budget Bureau No. 42-R1424.

	DEPARTI	SF078197				
	JNDRY NOT	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME			
OIL GAS	L X OTHER	7. UNIT AGREEMENT NAME				
2. NAME OF OPERATO	R	8. FARM OR LEASE NAME				
El Paso l	latural Gas (	Nye				
3. ADDRESS OF OPER	TOR	9. WELL NO.				
P. O. Box	990, Farmi	12				
4. LOCATION OF WEL	. (Report location c	10. FIELD AND POOL, OR WILDCAT				
See also space 17 At surface	below.)	Undes. Fruitland				
1800'N,	.500'W	Sec. 9, T-29-N, R-10-W N.M.P.M.				
14. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR; etc.)	12. COUNTY OR PARISH	13. STATE	
		5780' GL		San Juan	New Mexico	
16.	Check Ap	opropriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
	NOTICE OF INTENTION TO:			EQUENT REPORT OF:		
TEST WATER SH	T-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	VELL	
FRACTURE TREAT	<u>                                     </u>	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	ASING	
SHOOT OR ACIDIZ	E	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	1T.	
BEPAIR WELL		CHANGE PLANS	(Other)	······································		
(Other)	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)					
(Other)	(Other) Completion or Recompletion Report and Log form.)					

- 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.)\*
  - 01-15-75 Spudded well. Drilled surface hole.
  - 01-16-75 Ran 3 joints 8 5/8", 24#, K-55 surface casing, 112' set at 112' GL. Cemented with 112 cu. ft. cement. Circulated to surface. WOC 12 hours.





18. I hereby certify that the foregoing is true and correct SIGNED		Drilling Clerk	DATE .	January 23, 197
(This space for Federal or State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	