| UNITED STATES | 5. LEASE |
|---|--|
| DEPARTMENT OF THE INTERIOR | 03195 |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE 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 |
| reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME |
| 1. oil gas well other | SAN JUAN 9. WELL NO. |
| 2. NAME OF OPERATOR EPNG | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | <u> </u> |
| P.O.BOX 4289 FMN.NM 87401 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | SEC 17-T30N-R10W |
| AT SURFACE: V | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1080 S 1190 W | SAN JUAN NIM |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 14. API NO. |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 0511 672 |
| FRACTURE TREAT SHOOT OR ACIDIZE | |
| REPAIR WELL. | |
| PULL OR ALTER CASING | Change on Form 9-330.) MANAGEMENT SOURCE AREA |
| CHANGE ZONES | LEONACE MUTEU STATE OF THE STAT |
| (other) SET RET, ANDTRY TO GET | 그 그 그 그 그래 생 그 혹이는 살이 끊이 끊 |
| 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.)* | |
| PULL TUBING AND SET RETAINER | AT 5350 AND TRY TO |
| RECOVER WELL, | |
| | |
| Approved for a period of 60 days or until 10/10 EGETE | |
| | WATE TO THE TENT |
| | Allo 1 - and a single |
| | Aug # 7.57 |
| | |
| | |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct | |
| SIGNED JOHN Bleant TITLE PROD ENG | R DATE 7-30-85 |
| (This space for Federal or State office use) | |

*See Instructions on Reverse Side

FO JASKILL ALLA MANASA