

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 CO.
 3. ADDRESS OF OPERATOR
 BOX 990, FARMINGTON, NEW MEXICO
 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 1830'N, 1460'W
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

5. LEASE
 SF 080597
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 7. UNIT AGREEMENT NAME
 8. FARM OR LEASE NAME
 GARTNER
 9. WELL NO.
 7A
 10. FIELD OR WILDCAT NAME
 BLANCO MESA VERDE
 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 26, T-30-N, R-8-W
 NMPM
 12. COUNTY OR PARISH | 13. STATE
 San Juan | New Mexico
 14. API NO.
 15. ELEVATIONS (SHOW DF, KDB, AND WD)
 5907' GL

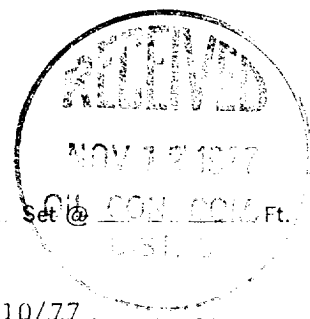
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

(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.)*

10/31/77: Spudded well. Drilled surface hole.
 11/01/77: Ran 5 joints 9 5/8", 32.3#, K-55 surface casing, 224' set at 237'. Cemented with 284 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.



Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct
 SIGNED [Signature] TITLE Drilling Clerk DATE 11/10/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
 NOV 16 1977

*See Instructions on Reverse Side