FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

(NOTE: Report results of multiple completion or zone

影响.

change on Form 9-330.)

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UNITED STATES

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	SF 078438 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 San Juan 32-9 Unit 8. FARM OR LEASE NAME
1. oil gas well other	San Juan 32-9 Unit 9. WELL NO.
2. NAME OF OPERATOR EL PASO NATURAL GAS CO. 3. ADDRESS OF OPERATOR	94 10. FIELD OR WILDCAT NAME Blanco P.C. Ext.
BOX 990, FARMINGTON, NEW MEXICO 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 18, T-31-N, R-9-W
AT SURFACE: 800'S, 800'W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF \[\bigcirc \text{\text{\$\infty}} \]	

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17	DESCRIBE PROPOSED OR COMPLETED OPERAT	IONS (Clearly state)	all portinget of	totaile and give	nortinant datas
4 / ·	DESCRIBE THE TOTAL OF THE PERSON OF THE PERS	iono (Cleany State	an perunent c	ietans, and give	pertinent dates,
	including estimated date of starting any propose	twork If wall is dire	actionally drille	ad aire cubourf	أباء السمالام ممازمه
	meloding estimated date of starting any proposes	A MOLY II MEII 12 OILE	ectionally unit	eu, give sunsum	ace locations and
	measured and true vertical depths for all markers	and zones portinent	to this work 1#	- 15 T	
	measured and true vertical deptils for all markers	and zones pertinelit	to tills WOLK.)"	22 1.1 4.4 1	

6/19/78: Spudded well. Drilled surface hole.

6/20/78: Ran 5 joints 8 5/8",24# J-55 surface casing, 219! set at 229!. Cemented with 194 cu. ft. cement. Circulated to surface.

12 hours; held 600#/30 minutes.

ubsurface Safety Valve: Manu. and Type			Set	@		Ft.
18. I hereby certify that the foregoing is t	rue and correct					ar t
SIGNED A. F. AMBCO	TITLE Drilling Clerk	DATE _	6/30/78		an last sa	<u> </u>
	(This space for Federal or State office use)					-
APPROVED BY	TITLE	_ DATE		1 1	• 10	पर् गु