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5. LEASE

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UNITED STATES DEPARTMENT OF THE INTERIOR

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
1 oil goo	8. FARM OR LEASE NAME 10 0 10 10 10 10 10 10 10 10 10 10 10 1
well well other	9. WELL NO. 흑일경고 그 물질품
2. NAME OF OPERATOR El Paso Natural Gas Company	2A (PM) 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
3. ADDRESS OF OPERATOR	Blanco M.V. & Blanco P.C.
P.O. Box 289, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 4, T-30-N, R-10-W
below.) AT SURFACE: 1010'N, 990'W	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 음울2음 글 중골등측
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECUEST FOR APPROVING TO	6331' GL 3 3 3 3 3 5 5 5 5 5
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	다. (1 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년
FRACTURE TREAT	Company of the party of the par
SHOOT OR ACIDIZE	्रिकेट्स स्ट्रिकेट्स (NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
MULTIPLE COMPLETE	Stratchons where the control of the
ABANDON*	Track of the control
(other)	
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.)*	
6-21-79: Pulled 2 3/8" tubing, tested casing	g; OK.
6-22-79: Perfed P.C. 3022-3038, 3054-3064, 3	3106-3128' w/16 SPZ. Fraced w/50,000
10/20 sand and 61,500 gal. water.	Dropped 2 sets of 16 balls each.
Flushed w/5300 gal. water.	INED Language of the state of t
6 ـالان ق	1
U. S. GEOLD	GICAL SURVEY BENEFIT OF 1979
Subsurface Safety Valve: Manu. and Type	Set OIL CON COTA
18. I hereby certify that the foregoing is true and correct	
SIGNED N. Susco TITLE Drilling Cle	
(This space for Federal or State office use)	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	Angular Angula
	and be an analysis of the second seco
	1 0 10 12 1
*See Instructions on Reverse S	310 0 1