

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 Company
3. ADDRESS OF OPERATOR  
Box 289, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1090'N, 1050'E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

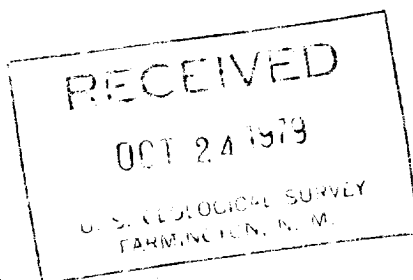
- |                      |                          |                                     |
|----------------------|--------------------------|-------------------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| FRACTURE TREAT       | <input 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)              |                          |                                     |

5. LEASE  
NM0607
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Atlantic B
9. WELL NO.  
21
10. FIELD OR WILDCAT NAME  
Blanco PC
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-30-N, R-10-W  
NMPM
12. COUNTY OR PARISH San Juan 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6307' GL

(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.)\*

10-22-79: TD 3174'. Ran 98 joints 4 1/2", 10.5#, KS production casing 3162' set at 3174' Float collar set at 3156'. Cemented w/531 cu. ft. cement. WOC 18 hours.  
Top of cement 1800'.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED A. G. Busco TITLE Drilling Clerk DATE October 23, 1979

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

**APPROVED**

NOV 13 1979

**JAMES F. SIMS**  
DISTRICT OIL & GAS SUPERVISOR