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UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	5.	LEASE
		SF 078509
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
_		
	7.	UNIT AGREEMENT NAME
ŧ		San Juan 32-9 Unit
_	8.	FARM OR LEASE NAME
		San Juan 32-9 Unit
	9.	WELL NO.
		42A
	10.	FIELD OR WILDCAT NAME
_		Blanco MV
	11.	SEC., T., R., M., OR BLK. AND SURVEY OR
,		AREA Sec. 6, T-31-N, R-9-W
		N.M.P.M
	12.	COUNTY OR PARISH 13. STATE
		San Juan New Mexico
_	14.	API NO.
	15.	ELEVATIONS (SHOW DF, KDB, AND WD)
		6599' G.L.

July 30,

DATE

DATE

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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 gas \mathbf{x} well well other 2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 840'S 1460'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (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.)* TD 3736'. Ran 93 joints 7",20#, KS intermediate casing, 3724' set at 3736'. 7-27-79: Cemented w/440 cu. ft. cement. WOC 12 hours, held 1200#/30 minutes. cement 2500'. TD 6169'. Ran 79 joints $4\frac{1}{2}$ '', 10.5#, KS casing liner, 2569' set at 3600-6169'. 7-29-79: Float collar set at 6151'. Cemented w/449 cu. ft. cement Subsurface Safety Valve: Manu. and Type

(This space for Federal or State office use)

Afuld TITLE Drilling Clerk

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

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

See Instructions on Reverse Side