

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790'S, 1780'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
SF 078438

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 32-9 Unit

8. FARM OR LEASE NAME
San Juan 32-9 Unit

9. WELL NO.
16A

10. FIELD OR WILDCAT NAME
Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8, 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)
6686' 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 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) <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.)*

12-31-79: PBDT 6173'. Tested casing to 3500#, OK. Perfed P.L. 5799,5804,5809,5814,5819, 5824,5829,5834,5856,5861,5876,5881,5886,5908,5924,5947,5977,6012,6058,6064,6098, 6150' W/1 SPZ. Fraced w/ 64,500# 20/40 sand, 131,700 gal. wtr. Flushed w/ 770 gal. wtr.

Perfed C.H. & Men. 5336,5348,5398,5404,5410,5415,5439,5452,5458,5464,5470,5504, 5517,5524,5534,5573,5582,5628,5735' w/1 SPZ. Fraced w/62,000# 20/40 sand, 125,000 gal. wtr. Flushed w/ 7300 gal. wtr.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____

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

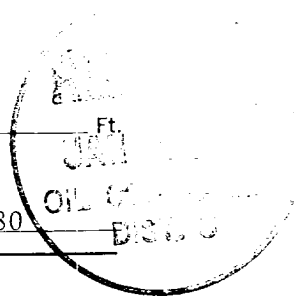
SIGNED A. D. Buseo TITLE Drilling Clerk DATE January 2, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCG

*See Instructions on Reverse Side



BY ws