UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NM 0607 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 8. FARM OR LEASE NAME
1. oil gas well well other	Koch
2. NAME OF OPERATOR	1A
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco Mesa Verde
Box 289, Farmington, New Mexico 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-30-N, R-10-W N.M.P.M.
AT SURFACE: 1190'S, 1500'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6417, GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
CHANGE ZONES	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	rectionally drilled, give subsurface locations and t to this work.)*
-1-80: PBTD 5827'. Tested casing to 3500#, Per 5375,5380,5386,5395,5400,5416,5430,5436 5616,5646,5682,5696,5720,5748' W/1 SPZ. 179,000 gal. vtr. Flushed w/ 7280 gal.	,5449,5454,5481,5492,5546,5592 Fraced w/89,500# 20/40 sand, wtr.
Perfed 4700,4712,4722,4729,4736,4742,470 4840, 4848,4854,4884,4891,4898,4904,490 5224,5230,5249' W/1 SPZ. Fraced w/ 106, Flushed w/7080 gal. wtr.	66,4780,4800,4826,4832, 81,4988,5038,5076,5097,5203,5210, 000# 20/40 sant, 212,000 gal. wtr
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED A. J. Suses TITLE Drilling Cler	k DATE January 3, 1979

_____ DATE _

*See Instructions on Reverse Side

(This space for Federal or State office use)

__ TITLE ___

