## UNITED STATES

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LEASE			

DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	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
1. oil gas dher well other  2. NAME OF OPERATOR	8. FARM OR LEASE NAME Sunray H 9. WELL NO. 1A
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.) 1155'N, 1790'W	10. FIELD OR WILDCAT NAME  Blanco Mesa Verde  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-30-N, R-10-W  N.MM.
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	12. COUNTY OR PARISH 13 STATE San Juan ew Mexico 14. API NO.
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF   TEST TOTAL	15. ELEVATIONS (SHOW DF KDB, AND WD 6627' GL
FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	lirectionally drilled, give subsurface locations and
3-13-80: TD 3786'. Ran 86 joints 7", 20#, K-55 intermoderated 3786'. Cemented w/ 444 cu. ft. cement. WOC Top of cement 1950'.	ediate casing 3775' set at 12 hours;held 1200#/30 minutes.
3-17-80: TD 5978'. Ran 76 joints 4 1/2", 10.5#, K-55 5978'. Float collar set at 5960'. Cemented w	casing liner 2415' set 3563- / 421 cu. ft. cement. WOC 18 hrs.
	RILLIVED MAR 25 1980
Subsurface Safety Valve: Manu. and Type	CON. COMPt.
18. I hereby certify that the foregoing is true and correct	DIST. 3
SIGNED SIGNED TITLE Drilling Cl	erk March 20, 1980
(This space for Federal or State of	ffice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	GOOR MED FOR RECORD
*See Instructions on Reverse	side [127 34 1980]