1. oil

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

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

(Do not use this form for proposals to drill or to deepen or plug back to reservoir. Use Form 9-331-C for such proposals.)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF

c. 1973	Budget Bureau No. 42-R1424		
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 078097		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME		
ervoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
oil gas 🗓 other	Zachary		
Well Well Guide	9. WELL NO.		
NAME OF OPERATOR	#1		
El Paso Natural Gas Company	10. FIELD OR WILDCAT NAME		
ADDRESS OF OPERATOR	Blanco Mesa Verde		
P.O. Box 4289, Farminton, New Mexico 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.)	SW, Sec. 25, T-31-N, R-11-W		
AT SURFACE: 1604'S, 1630'W, Sec. 25-31N-11W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	San Juan New Mexico		
CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.		
REPORT, OR OTHER DATA	TE CLEVATIONS OF USE AND AND		
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5869:-DF		
QUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3009 pm DI		
QUEST FOR APPROVAL TO: ST WATER SHUT-OFF ACTURE TREAT DOT OR ACIDIZE PAIR WELL	IVED \		
PAIR WELL LL OR ALTER CASING LTIPLE COMPLETE ANGE ZONES	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.)*

It is proposed to pull tubing, run back in with production packer on tubing to determine if a possible casing leak exists. Work to begin and be completed on March 10, 1983. Request 90 day evaluation period.

Verbil opprovel given 3-8-83

		$f \mapsto f$	
Subsurface Safety Valve: Manu. and Type		Set @	Ft.
18. I hereby certify that the foregoing is true and correct Sr. Production SIGNED TITLE Engineer	DATE _	March 9, 1983	
APPROVED BY	_ DATE		

*See Instructions on Reverse Side