Form Approved.

## UNITED STATES DEPARTMENT OF THE INTERIOR

5. LEASE SF 078051  6. IF INDIAN, ALLOTTEE OR TRIBE NAME	_
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	_
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME NEIL	
9. WELL NO.	
10. FIELD OR WILDCAT NAME BLANCO MESA VERDE	
11. SEC., T., R., M., OR BLK. AND SURVEY AREA Sec: 33, T-32-N, NMPM	
12. COUNTY OR PARISH 13. STATE NEW MEXI	— СС
14. API NO.	

GEOLOGICAL SURVEY	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 other other	NEIL 9. WELL NO.		
2. NAME OF OPERATOR EL PASO NATURAL GAS CO.	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR BOX 990, FARMINGTON, NEW MEXICO 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	BLANCO MESA VERDE  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-32-N, R-11-		
below.) AT SURFACE: 790'S, 1540'E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	NMPM  12. COUNTY OR PARISH 13. STATE  SAN JUAN NEW MEXICO  14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES BUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:  PROVIDENT OF:  SUBSEQUENT REPORT OF:  WHOSE ZONES ABANDON*	(NOTE: Report results of multiple completion or zone change on Form 9–330.)		
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		

Spudded well. Drilled surface hole. 3/28/78:

Ran 5 joints 9 5/8", 32.3# H-40 surface casing, 210' set at 223'. Cemented with 264 cu. ft. 3/29/78: Circulated to surface. WOC 12 hours; cement.

held 600#/30 minutes.

Set @

Subsurface Safety Valve: Manu. and Type		Set @	Ft.
18. I hereby certify that the foregoing is to	ue and correct		
SIGNED . S. Succes	ue and correct	3/31/78	
	(This space for Endoral or State office use)		

APPROVED BY \_\_\_\_\_\_CONDITIONS OF APPROVAL, IF ANY:

DATE