(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

Dec. 19/3	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE SF 080917
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	7. UNIT AGREEMENT NAME
1. oil gas well well well other	8. FARM OR LEASE NAME Atlantic Big 2 2 2
well Well W other 2. NAME OF OPERATOR	9. WELL NO. 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.
El Paso Natural Gas Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Blanco Mesa Verde
P.O. Box 289, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1800'S, 825'E AT TOP PROD. INTERVAL:	Sec. 4, T-30-N, R-10-W, N.M.P.M 12. COUNTY OR PARISH San Juan New Mexico
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6407' G.L.
TEST WATER SHUT-OFF \(\Boxed{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}}\text{\text{\text{\texit{\text{\texi}\text{\text{\texi}}\text{\texititt{\text{\texit{\texitit}\text{\texitit{\texitit{\texi}}\tint{\texitt{\texitit}}}\texititt{\texit{\texiti	

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.)* 1-06-79: Put 18 cu. ft. cement down backside because cement was not at surface.

1-10-79: TD 3436. Ran 91 jts. 7", 20#, KS intermediate casing, 3424' set at 3436'. Cemented w/426 cu.ft. cement. WOC 12 hrs, held 1200#/30 min.

cement 1900'.

. t. 15%.

SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

1-14-79: TD 5755'. Ran 77 jts. 4 1/2", 10.5#, KS casing liner, 2477' set 3278-5755'. Float collar set at 5739'. Cemented w/432 cu.ft. cement. WOC 18 hrs.

Subsurface Safety Valve: Manu. and Type 18. I hereby pertify that the foregoing is true and correct (This space for Federal or APPROVED BY TITLE DATE ten Es CONDITIONS OF APPROVAL, IF ANY: ē. 00 naibn Divi 91616

