

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
P.O. Box 289, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1800'S, 825'E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE <u>SF 080917</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>Atlantic B</u>	
9. WELL NO. <u>3A</u>	
10. FIELD OR WILDCAT NAME <u>Blanco M.V.</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 4, T-30-N, R-10-W N.M.P.M.</u>	
12. COUNTY OR PARISH <u>San Juan</u>	13. STATE <u>New Mexico</u>
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>6407' GL</u>	

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

(NOTE: 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.)*

6-15-79: PBTD 5739'. Tested casing to 3500#, OK. Perfed Mass. P.L. 5292, 5297, 5318, 5322, 5326, 5336, 5340, 5344, 5348, 5352, 5356, 5360, 5364, 5380, 5392, 5429, 5460, 5473, 5538, 5596, 5660, 5673, 5696' w/1 SPZ. Fraced w/66,500# 20/40 sand and 133,000 gal. water. Flushed w/7224 gal. water. Perfed C.H. & Men. 4696, 4706, 4714, 4722, 4734, 4740, 4750, 4767, 4813, 4819, 4970, 4980, 5014, 5027, 5033, 5039, 5046, 5085, 5092, 5137, 5144, 5164, 5168, 5240' w/1 SPZ. Fraced w/80,000# 20/40 sand and 160,000 gal. water. Flushed w/6720 gal. water.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED Deputy Bradford TITLE Drilling Clerk DATE June 18, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

nmoc

*See Instructions on Reverse Side

