Form/9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* Other Instructions on re OFFICIAL SUBMEY

Form approved.
Budget Bureau No. 42-77324.

5. LEASE DESIGNATION AND SERIAL S.

SF 078922

·) Sr	U/894Z	-/	

	GEOLOGICAL	SURVEY		51 07			
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 "APPLICATION FOR PERMIT—" for such proposals.)					IN, ALLOTTEN	OR TRIBE NAME	
OIL GAS WELL OTHER					Largo L		
2. NAME OF OPERATOR					8. FARM OR LEASE NAME		
El Paso Natural Gas Company, 3. ADDRESS OF OPERATOR					Canyon Largo Unit		
	Farmington NM 8740	וו		222			
PO Box 990, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					10. FIELD AND POOL, OR WILDCAT		
At surface 1100'S, 1500'E					Ballard Pictured Cliffs		
				l.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-24-N, R-7-W		
					NMPM		
14. PERMIT NO.	15. ELEVATIONS	15. ELEVATIONS (Show whether DF, RT, GR, etc.)				13. STATE	
		6961	'GL	Rio Ar	riba [NM ·	
16. NO TEST WATER SHUT-OFF FRACTURE TREAT	Check Appropriate Box OTICE OF INTENTION TO: PULL OR ALTER CAS MULTIPLE COMPLET	SING		or Other Data	7	E	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT	• -	
REPAIR WELL . (Other)	CHANGE PLANS		(Other) (Note: Report re	esults of multiple completion Report	completion or	Well	
17. DESCRIBE PROPOSED OR	COMPLETED OPERATIONS (Clearly s	state all pertinent deta	ails, and give pertinent d	lates, including es	timated date	of starting any	
9-2-73	Tested surface casing	ints 2 7/8", 6.	4#, J-55 product	_			
	2576'. Baffle set at 2 Top of cement at 1525	,	ted with 249 cu.f	t. cement,	WOC 18	hours.	
	Tested casing, held 4 with 16 shots per zon						
	treated water. Dropp	· ·					
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	• .	•		OCT 55%		11 34.5 - ABS 17 34.7 - 7105 17 19 19 19 19 19 19 19 19 19 19 19 19 19	
18. I hereby certify that t	he foregoing is true and correct			OIL CON. C		* # 1	
SIGNED	J. Duace		ling Clerk		October	2, 1973	
(This space for Federa	al or State office use)			មាន ខេត្ត	Hism AVI H		
APPROVED BYCONDITIONS OF APP	PROVAL, IF ANY:	TITLE	-		in We in The State of the State	111	
		SV		OGT	4 1073		

*See Instructions on Reverse Side

N. S. GEORGESCAL CHINEN FINALISCA, COLO.