

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078390	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1090'S, 1840'E		8. FARM OR LEASE NAME Jones A	
		9. WELL NO. 9	
		10. FIELD AND POOL, OR WILDCAT So. Blanco PC Ext.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-28-N, R-8-W NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6350'GL	12. COUNTY OR PARISH San Juan	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

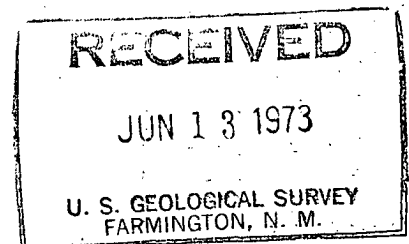
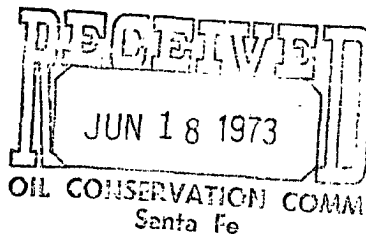
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

- 4-20-73 Tested surface casing, held 600#/30 minutes.
- 4-23-73 TD 3015'. Ran 100 joints 2 7/8", 6.4#, J-55 production casing, 3004' set at 3015'. Baffle set at 3005'. Cemented with 317 cu.ft. cement. WOC 18 hours. Top of cement at 2050'.
- 6-7-73 PBTD 3005'. Tested casing, held 4000#. Perf'd 2885-2900' and 2912-22' with 30 shots per zone. Frac'd with 30,000# 10/20 sand and 29,000 gallons treated water. Dropped one set of 30 balls. Flushed with 715 gallons water.



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

SIGNED A. G. Lugo TITLE Drilling Clerk DATE June 13, 1973

(This space for Federal or State office use)

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