

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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
2. NAME OF OPERATOR El Paso Natural Gas Company
3. ADDRESS OF OPERATOR 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.) At surface 905'S, 1170'W
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7328'GL

5. LEASE DESIGNATION AND SERIAL NO.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Tribal Contract #183
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Jicarilla 183
9. WELL NO. 5
10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-23-N, R-3-W NMPM
12. COUNTY OR PARISH Sandoval
13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

6-6-73 Spudded well. Drilled surface hole.

6-7-73 Ran 4 joints 8 5/8", 24#, KS surface casing, 125' set at 125'GL. Cemented with 106 cu. ft. cement, circulated to surface. WOC 12 hours.

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

SIGNED S. H. [Signature]

TITLE

Drilling Clerk

DATE

June 13, 1973

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

24