

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078922

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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		Canyon Largo Unit
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
El Paso Natural Gas Company		Canyon Largo Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650'N, 1650'E		9. WELL NO.
		96
10. FIELD AND POOL, OR WILDCAT		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Ballard Pic.Cliffs
12. COUNTY OR PARISH		13. STATE
Rio Arriba		NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
	6948'GL	

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 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)			
(Other)		current status	<input checked="" 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.)*

A second approval is requested to retain this well in its present temporarily abandoned status. An evaluation is being conducted to determine the feasibility of opening up a new zone in the Pictured Cliffs formation or permanently plugging the well. Until the prescribed work is done, periodic visits will be made to the wellsite to ascertain the condition of the well does not change in a manner which would indicate damage or communication of foreign fluids from one zone to another is occurring.

TEMPORARY ABANDONMENT
EXPIRES 6/1/77



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

SIGNED L.A. James TITLE Sr. Drilling Engineer DATE August 9, 1976

(This space for Federal or State office use)

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