

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 ☐ GAS WELL ☒ 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

1170'N, 1700'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6761'GL

7. UNIT AGREEMENT NAME

Canyon Largo Unit

8. FARM OR LEASE NAME

Canyon Largo Unit

9. WELL NO.

219 NP

10. FIELD AND POOL, OR WILDCAT

Ballard Pic.Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 1, T-24-N, R-7-W

NMPM

12. COUNTY OR PARISH

13. STATE

Rio Arriba

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) present Status

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

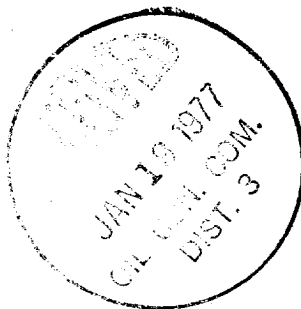
ALTERING CASING

ABANDONMENT*

(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.)*

It is requested that the subject well be classified as Temporarily Abandoned. The well is being evaluated to determine its future disposition. Periodic visits will be made to the wellsite to ascertain the wells condition does not change indicating a casing failure might have occurred.



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

SIGNED

L. J. Limes

TITLE

Sr. Drilling Engineer

DATE

January 17, 1977

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE