

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form 9-331, Rev. 1-64
Bureau of Reclamation, No. 12-10424
5. LEASE DISTRICT AND SURVEY NO.

SF 078884

DEC 19 1973

OIL CON. COM.

Canyon Largo Unit

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-1" for such proposals.)

| | | |
|---|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AND SURVEY NAME Canyon Largo Unit |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | | 8. FARM OR LEASE NAME Canyon Largo Unit |
| 3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401 | | 9. WELL NO. 238 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 890'N, 800'E | | 10. FIELD AND POOL, OR WILDCAT Gonzales Mesa Verde Ext. |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 12, T-25-N, R-6-W NMPM |
| 15. ELEVATIONS (Show whether DF, AT, GR, etc.) 6693'GL | | 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 | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETION | <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.) *

- 11-30-73 Tested surface casing, held 600#/30 minutes.
- 12-10-73 TD 5240'. Ran 161 joints 4 1/2", 10.5#, J-55 production casing, 5230' set at 5240'. Float collar set at 5224'. Cemented with 1042 cu. ft. cement. WOC 18 hours. Top of cement at 700'.
- 12-11-73 Tested casing to 4000#-OK.
PBTD 5224'. Perf'd 4946-56', 4978-88', 5042-56', 5080-92', 5118-32', 5146-56' and 5186-98' with 16 shots per zone. Frac'd with 84,000# 20/40 sand and 80,262 gallons treated water. Dropped six sets of 16 balls each. Flushed with 3-86 gallons water.

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

SIGNED

TITLE

Drilling Clerk

DATE

December 14, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: