

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Apache
Tribal Lease No. 65
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 <input type="checkbox"/>		7. UNIT AGREEMENT NAME Jicarilla Apache	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Jicarilla C	
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401		9. WELL NO. 13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1750'N, 1100'W		10. FIELD AND POOL, OR WILDCAT South Blanco PC	
14. PERMIT NO.		11. SEC., T., R., M., OR PLK. AND SURVEY OR AREA Sec. 16, T-25-N, R-4-W N.M.P.M.	
15. ELEVATIONS (Show whether DS, RT, GR, etc.) 7277' GL		12. COUNTY OR PARISH Rio Arriba	
		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.)*

12-08-75 TD 3796'. Ran 128 joints 2 7/8", 6.4#, K-55 production casing, 3785' set at 3796'. Baffle set at 3784'. Cemented with 210 cu. ft. cement. WOC 18 hours. Top of cement at 2600'.

12-22-75 Tested casing to 4000#--OK.
PBTD 3784'. Perf'd 3684', 3686', 3720', 3726', 3729' with 5 holes. Frac'd with 27,000#--20/40 sand and 26,590 gallons treated water. Dropped no ball sets. Flushed with 910 gallons water.

RECEIVED

JAN 7 1976

U.S. GEOLOGICAL SURVEY
BUREAU OF LANDS

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

SIGNED

[Signature]

TITLE Drilling Clerk

DATE January 5, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side