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OR COMPLETED OPER	RATIONS (Clearly state a	ll pertinent	Completion or Reco	mpletion R	leport and Log form.)
^	BANDON*				ABANDONMENT* Operator X
	-		WATER SHUT-OFF FRACTURE TREATMENT		REPAIRING WELL ALTERING CASING
- 1	•	dicate N			
	6837'GL				Rio Arriba NM
	15. ELEVATIONS (Show	whether DF.	RT. GR. etc.)		Sec. A, T-25-N, R-4-V
At surface					EC., T., B., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 172515 16551E					TELD AND POOL, OR WILDCAT So.Blanco Pic.Cliff
3. ADDRESS OF OPERATOR					17
well Well Cotter 2. NAME OF OPERATOR El Paso Natural Gas Company					RM OR LEASE NAME Jicarilla 123 C
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SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for processes to drill or to despet or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)					Jicarilla Apache
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