

**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 078925

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		<p>7. UNIT AGREEMENT NAME Canyon Largo Unit</p>	
<p>2. NAME OF OPERATOR El Paso Natural Gas Company</p>		<p>8. FARM OR LEASE NAME Canyon Largo Unit</p>	
<p>3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401</p>		<p>9. WELL NO. 6</p>	
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 965' N, 1160' E</p>		<p>10. FIELD AND POOL, OR WILDCAT Basin Dakota</p>	
<p>14. PERMIT NO.</p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-24-N, R-6-W NMPM</p>	
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6646' GL</p>		<p>12. COUNTY OR PARISH Rio Arriba</p>	<p>13. STATE New Mexico</p>

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 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.)*

04-12-77 Spudded well. Drilled surface hole.

04-13-77 Ran 5 joints 9 5/8", 32.3#, H-40 surface casing, 204' set at 216'. Cemented with 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.



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

SIGNED N. G. Buis TITLE Drilling Clerk DATE April 13, 1977

(This space for Federal or State office use)

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