16.

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

	GEOLOGICAL SURVEY	SF 079160		
	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,)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
1.		7. UNIT AGREEMENT NAME		
	WELL GAS X OTHER	Rincon Unit		
2 .	NAME OF OPERATOR	8. FARM OR LEASE NAME		
	El Paso Natural Gas Company			
3.	ADDRESS OF OPERATOR	9. WELL NO.		
	P.O. Box 990, Farmington, New Mexico 87401	57		
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Basin Dakota		
	990'N, 990'E, Unit A	Sec. 1, T27N, R7W		
14	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		

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

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•	[]		<u></u>				
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	.	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	-
REPAIR WELL		CHANGE PLANS		(Other) retire	gas lift		<u> </u>
(Other)				(Note: Report rest Completion or Reco	ults of multipi ompletion Repo	le completion on Well rt and Log form.)	11

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.)*

The following work was performed on the well.

- Pull tubing and retire 4 gas lift valves and 1 bottom hole diverter. (1)
- Rerun 2 3/8" 4.7 J-55 tubing set at 7389'. (2)
- (3)Swab well in 8-11-75.



18. I hereby certify that the foregoing is true and correct	TITLE Production Engineer	DATE 9-22-75
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE