| ŀ | 67m | 9-331 | |
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| ί | May | 1963 |) |

UNITED STATES

Form approved. Budget Bureau No. 42 K1424.

| DEPA | 5. Lease designation and serial no. SF 079265 | | |
|---|---|--|---|
| SUNDRY N (Do not use this form for Use "AP | GEOLOGICAL SURVEY OTICES AND REPORTS proposals to drill or to deepen or plug PLICATION FOR PERMIT—" for such | ON WELLS binck to a different reservoir, proposals.) | 6. IF INDIAN, ALLOTTER OR TRIBE NAME |
| 1. | | | 7. UNIT AGREEMENT NAME |
| OIL GAS WELL OTE | IER | | 8. FARM OR LEASE NAME |
| 2. NAME OF OPERATOR El Paso Natural Ga | as Company | | Klein |
| 3. ADDRESS OF OPERATOR | 9. WELL NO. | | |
| P. O. Box 990, Far | P. O. Box 990, Farmington, NM 87401 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | | |
| 4. LOCATION OF WELL (Report loca See also space 17 below.) At surface | tion clearly and in accordance with at | y State requirements. | Otero Chacra 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 01 - | | | |
| 1720'S, 1840'W | 15. ELEVATIONS (Show whether | DF, RT, GR, etc.) | Sec. 33, T26N, R6W 12. COUNTY OR PARISH 13. STATE |
| | 6736 GL | | Rio Arriba NM |
| 16. Chec | k Appropriate Box To Indicate | Nature of Notice, Report, or | |
| | INTENTION TO: | | QUENT REPORT OF: |
| THE WASTER SHEET OF THE | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| TEST WATER SHUT-OFF FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING Tubing Ins | ABANDONMENT* |
| REPAIR WELL | CHANGE PLANS | (Otner) | ts of multiple completion on Well appletion Report and Log form.) |
| (Other) | En ourse roys /Clearly state all portin | ent details and give pertinent date | pletion Report and Log form.) es, including estimated date of starting any ical depths for all markers and zones perti- |
| Ran 118 jts $1\frac{1}{4}$ " 2 3824' set at 3834 | .40# JCW 55, 10 RNU J&I | tubing | NOV 7 1972 OIL CON. COM. |
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| • | | | |
| | | Nuv 6 | 12 |
| | | U.S. GEOLOGIC Durango, | AL SURVLY COLO. |
| | | • | |
| | | | |
| 18. I hereby certify that the fore | | | |
| SIGNED Alz 7 | Cet TITLE P. | roduction Engineer | DATE 11/2/72 |
| (This space for Federal or St | ate office use) | | |
| APPROVED BYCONDITIONS OF APPROVAL | L, IF ANY: | , | DATE |