

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved,  
Budget Bureau No. 42-11424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 079160

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 proposal.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

1700'S, 1700'W

7. UNIT AGREEMENT NAME

Rincon Unit

8. FARM OR LEASE NAME

Rincon Unit

9. WELL NO.

192

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC. T., R., M., OF T. & M. AND  
SURVEY OR AREA

Sec. 1, T-26-N, R-7-W  
NMMP

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GS, etc.)

53

6466'GL

12. COUNTY OR PARISH

13. STATE

Rio Arriba

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"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

PULL OR ALTER CASING

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

|                                     |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |

REPAIRING WELL

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

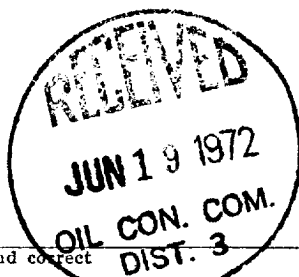
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

6-11-72

T.D. 7384'. Ran 228 joints 4 1/2", 11.6 and 10.5#, KS and KE production casing, 7371' set at 7384'. Float collar set at 7371'. Stage tools at 5305' and 2955'. Cemented first stage with 361 cu. ft. cement, second stage with 388 cu. ft. cement and third stage with 344 cu. ft. cement. WOC 18 hours. Top of cement at 2100'.

6-12-72

PBTD 7371. Perf'd 7048-7060', 7144-7156', 7174-7182', 7200-7208', 7232-7240' with 18 shots per zone. Fraced with 50,000# 40/60 sand and 56,000 gallons treated water. Dropped one set of 18 balls. Flushed with 4800 gallons water.



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

SIGNED

*H. Wood*

TITLE

Petroleum Engineer

DATE June 14, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: