Form	9-331
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SUBMIT				
(Other 1	pate	uctions	on	re-

Form approved.

DEPARTMENT OF THE INTI	SF 078878			
SUNDRY NOTICES AND REPORT (Do not use this form for proposals to drill or to deepen or pouse "APPLICATION FOR PERMIT—" for su	S ON WELLS lig back to a different reservoir.			
OIL GAS TO OTHER	7. UNIT AGREEMENT NAME Canyon Largo Unit			
2. NAME OF OPERATOR	8. FARM OR LEASE NAME			
El Paso Natural Gas Company	Canyon Largo Unit			
3. ADDRESS OF OPERATOR	9. WELL NO.			
PO Box 990, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with	any State requirements.* 10. FIELD AND FOOL, OR WILDCAT			
See also space 17 below.) At surface	· · · · · · · · · · · · · · · · · · ·			
	Ballard Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-25-N, R-7-V NMPM			
14. PERMIT NO. 15. ELEVATIONS (Show wheth	er DF, RT, GR. etc.) 12. COUNTY OR PARISH 13. STATE			
	6802'GL Rio Arriba NM			
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
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) Corrected Topo Map			
(Other)	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OFFEATIONS (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 attached topographic map is issued to show corrected pipeline connection.



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8. I hereby certify that the foregoing is true and correct SIGNED	TITLE Drilling Clerk	DATE August 16, 1973
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE