14. PERMIT NO.

16.

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

Form approved, Budget Bureau No. 42 R1424.

NM

SF 079160

Rio Arriba

GEOLOGICAL SURVEY

6453'GL

(Do not use this form f	NOTICES AND REPORTS ON WELLS or proposals to drill or to deepen or plug back to a different reservoir. APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTER OR TRIBE NAME
<u> </u>		7. UNIT AGREEMENT NAME
VELL GAS X	OTHER	Rincon Unit
AME OF OPERATOR		8. FARM OR LEASE NAME
El Paso Natural	Gas Company	Rincon Unit
DDRESS OF OPERATOR		9. WELL NO.
PO Box 990, Far ocation of well (Report I see also space 17 below.) At surface	mington, NM 87401 ocation clearly and in accordance with any State requirements.* 100 N /840 E	134 10. FIELD AND POOL, OR WILDCAT Basin Dakota 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-26-N, R-7-W NMPM
	1 15 FIEVATIONS (Show whether DF. RT. GR. etc.)	12. COUNTY OR PARISH 13. STATE

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

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF X REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other) (Note: Report results of multiple completion on Well	
(Other)		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.).

Spudded well. Drilled surface hole. Ran 7 joints 9 5/8", 32.3#, H-40 10-12-73 surface casing, 223' set at 237'. 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 TITLE Drilling Clerk SIGNED (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side