| Form | 9-331 |
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| (May | 1963) |

## UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATES (Other instructions of reverse side) Form approved,
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

| DEPARTMENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY   |                             |  |   |  | 1   | SF 078875  |                                 |  |
|---|-----------------------------|--|---|--|---|--|---------------------------------|--|
| 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 IN  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                           |                                 |  |
| OIL GAS TOTHER  2. NAME OF OPERATOR   |                             |  |   |  | Canyo   | 7. UNIT AGREEMENT NAME Canyon Largo Unit 8. FARM OR LEASE NAME |                                 |  |
| El Paso Natural Gas Company   |                             |  |   |  | 1 .   | 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.*  |                             |  |   |  | 208<br>10. FIEL   | 10. FIELD AND POOL, OR WILDCAT                                 |                                 |  |
| See also space 17 below.) At surface 1820'N, 1460'E   |                             |  |   | 20'N, 1460'E   | Ballard Pictured Cliffs  11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA  Sec. 29, T-25-N, R-6-W |  |                                 |  |
|   |                             |  |   |  | NMPM  |  |                                 |  |
| 14. PERMIT NO. 15.  |                             | 15. ELEVATIONS (Sho  | 5. ELEVATIONS (Show whether DF, RT, GR, etc.) |  |   | NTY OR PARISH  |                                 |  |
|   |                             |  |   | 51'GL  | Rio A   |  | NM                              |  |
| 16.   | Check Ap                    | propriate Box To   | Indicate No                                   | iture of Notice, Report, c   |   |  |                                 |  |
|   | NOTICE OF INTEN             | TION TO:   |   | SUB  | SEQUENT REPO  | at of:   | ر ا                             |  |
| TEST WATER SHU<br>FRACTURE TREAT<br>SHOOT OR ACIDIZ   | E .                         | PULL OR ALTER CASING<br>MULTIPLE COMPLETE<br>ABANDON*              |   | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING  | X<br>X  | REPAIRING W<br>ALTERING CA<br>ABANDONMEN                       | SING                            |  |
| REPAIR WELL (Other)   | <u> </u>                    | CHANCE PLANS   |   | (Other)<br>(Note: Report res<br>Completion or Reco   | ults of multip  | de completion c  | n Well                          |  |
| 17. DESCRIBE PROPOSE proposed work, nent to this wor  9-28-73   | If well is direction k.) *  | eations (Clearly state and drilled, give substance) ace casing, he | surface location                              | details, and give pertinent dans and measured and true ve  | ites, including<br>rtical depths i  | estimated date<br>for all markers                              | of starting any and zones perti |  |
| 10-1-73   |                             | le set at 2757'.   |   | 4#, J-55 production ted with 242 cu.ft.  | 0.  |  |                                 |  |
| 10-13-73  18. I hereby certify t  | with 12 shot treated water. | s per zone. Fer. Dropped t   | rac'd wit                                     | 2757'. Perf'd 2640 ch 42,000# 10/20 sa f 12 balls each. Fl  RECEIVED  OCT 24 1973  OIL CON. COM. DIST. 3 | nd and 42   | ,000 gallo   | ns                              |  |
| SIGNED  | mac the foregoing is        |  | ritle Dr                                      | illing Clerk   | n   | are Octobe   | r 18, 1973                      |  |
|   | ederal or State off         |  |   |  |   |  |                                 |  |
|   | escial of State offi        |  | nimi r  |  |   |  |                                 |  |
| APPROVED BY . CONDITIONS OF   | APPROVAL, IF A              | NY:  | TITLE   |  | D   | ATE  |                                 |  |