

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF078878

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 proposals.)1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER2. NAME OF OPERATOR
El Paso Natural Gas Company3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM 874014. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

800'S, 1600'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, or etc.)
6963' GL10. FIELD AND POOL, OR WILDCAT
Ballard PC11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA
Sec. 26, T-25-N, R-7-W
N.M.P.M.12. COUNTY OR PARISH
Rio Arriba13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

08-05-74 Spudded well. Drilled surface hole.

08-09-74 Ran 3 joints 8 5/8", 24# J-55 surface casing, 114' set at 114' GL. Cemented with 106 cu. ft. cement. Circulated to surface. WOC 12 hours.

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

SIGNED M. G. DuicoTITLE Drilling ClerkDATE October 25, 197

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side