

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT IN TRIPPLICATE
(Other Instructions on the
reverse side)

Form Approved
Budget Form No. 10-11425
5. LEASE, DEED, SALES AND SURVEY NO.

SF078878

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOTICE AND REPORT ON WELLS

(If not on this form, please attach or refer back to a different reservoir.
If "APPLICATION FOR PERMIT" be such proposed.)

1. NAME OF OPERATOR The El Paso Natural Gas Company		7. UNIT AGREEMENT NAME Canyon Largo Unit
2. ADDRESS OF OPERATOR P. O. Box 999, Farmington, New Mexico 87401		8. FARM OR LEASE NAME Canyon Largo Unit
3. NAME OF OPERATOR P. O. Box 999, Farmington, New Mexico 87401		9. WELL NO. 276
4. LOCATION OF WELL (Give location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1655'N, 1515'W		10. FIELD AND TOOL, OR WILDCAT Ballard Pictured Cliffs
14. PERMIT NO.	15. ELEVATIONS (Show whether BE, BT, GR, etc.) 6829' GL	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 27, T-25-N, R-7-W N.M.P.M.
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NATURE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALLEGING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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)*

8-03-74 Spudded well. Drilled surface hole.

8-05-74 Ran 3 joints 3 5/8", 24# J-55 surface casing, 118' set at 118' 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 A. N. Deane TITLE Drilling Clerk DATE August 9, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side