

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SF 078878

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Canyon Largo Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Canyon Largo Unit	
3. ADDRESS OF OPERATOR P.O.Box 990, Farmington, New Mexico 87401		9. WELL NO. 277	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 820' N, 1190' E		10. FIELD AND POOL, OR WILDCAT Ballard P.C.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-25-N, R-7-W NM/M	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6848' GL		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING 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) Re-perf & Foam Frac <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

08-17-77 Re-Perforated 2540-48', 2577-89', 2594-2600' with 12 shots per zone.
Foam fraced with 55,000#--10/20 sand and 11,340 gallons water treated with stable foam - 1/2 gallon adof foam per 1000 gallons water and 42,000 SCF nitrogen per 1000 gallons water. Dropped 2 sets of 12 balls each and 2 sets of 4 balls each. Flushed with 210 gallons water.

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

SIGNED *A. B. Duce*

TITLE Drilling Clerk

DATE August 18, 1977

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE