

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42 R1421.

5. LEASE DESIGNATION AND SERIAL NO.

SP 078881

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company		Canyon Largo Unit
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401		8. FARM OR LEASE NAME Canyon Largo Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1840' S, 1090' W		9. WELL NO. 284
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Ballard P.C.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6762' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-25-N, R-7-W NMPM
		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) <u>Current Status</u>	<input checked="" 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.) \*

This well is non-productive. Work on other wells in area is being evaluated before determining disposition of this well.

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

SIGNED A. G. Dwyer

TITLE Drilling Clerk

DATE August 26, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
DATE

AUG 31 1977

\*See Instructions on Reverse Side