DEPARTMENT OF THE		INITED STATES IENT OF THE INTER EOLOGICAL SURVEY	SUBMIT IN TRIPLICATION OF COLOR (Other instructions of verse side)	
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 INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL CX OTHER				7. UNIT AGREEMENT NAME Canyon Largo Unit 8. FARM OR LEASE NAME
2. NAME OF OPERATOR El Paso Natural Gas Company 3. ADDRESS OF OPERATOR				Canyon Largo Unit
P. O. Box 990, Farmington, NM 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1460'S, 1460'W				289 10. FIELD AND POOL, OR WILDCAT Ballard PC 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-25-N, R-7-W N.M.P.M.
14. PERMIT NO.		15. ELEVATIONS (Show whether 6611'		Rio Arriba New Mexico
16.	Ch	I		
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
FRACTURE TREAT MU SHOOT OR ACIDIZE AB REPAIR WELL CH (Other)		ULL OR ALTER CASING ULTIPLE COMPLETE BANDON* HANGE PLANS	Completion or Rec	X BEPAIRING WELL X ALTERING CASING ABANDONMENT* sults of multiple completion on Well completion keport and Log form.) ates, including estimated date of starting any artical daths, for all markers and zones perti-
proposed we nent to this	ork. If well is direction	nally drilled, give subsurface lo	cations and measured and true vo	ertical depths for all markers and zones perti-
05-27-76	Tested surface	e casing; held 600	#/30 minutes.	
05-29-76	at 2335'. Ba		, 6.4#, H-40 product Cemented with 250 0'.	
06-15-76	2272', 2278',	2287' with one shall gallons treated	BTD 2325'. Perf'd 2 ot per zone. Frac'd water. Dropped no	l with 36,400#10/20
18. I hereby certi	fy that the foregoing is	true and correct		17 1076
8IGNED	. J. Zun	TITLE _	Drilling Clerk	DATE June 17, 1976
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		NY:	JUN 23 19	, a) or a 10 12 10 1

*See Instructions on Recept SideON, CO. DIST 3