

**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.

SF079973

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Donohue

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Ballard PC

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

Sec. 8, T-25-N, R-7-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
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
1590'S, 1700'W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6481' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)*

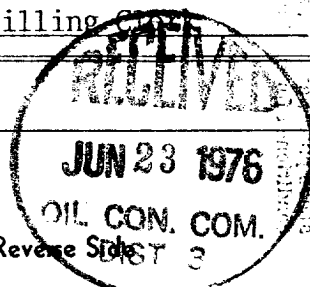
- 05-30-76 Tested surface casing; held 600#/30 minutes.
- 06-01-76 TD 2359'. Ran 88 joints 2 7/8", 6.4#, H-40 production casing, 2349' set at 2359'. Baffle set at 2350'. Cemented with 259 cu. ft. cement. WOC 18 hours. Top of cement at 1200'.
- 06-15-76 Tested casing to 4000#--OK. PBTD 2350'. Perf'd 2223', 2227', 2231', 2243', 2291', 2295', 2311' with one shot per zone. Frac'd with 39,000#--10/20 sand and 41,076 gallons treated water. Dropped no ball sets. Flushed with 630 gallons water.

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

SIGNED A. E. Duce TITLE Drilling DATE June 17, 1976

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side