

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-11324.

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 079787	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		7. UNIT AGREEMENT NAME Huerfano Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1550'S, 1510'W		8. FARM OR LEASE NAME Huerfano Unit	
14. PERMIT NO.		9. WELL NO. 221	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6811'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-25-N, R-10-W NMPM	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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 COMPLETION <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.)*

3-29-72 Spud well. Drilled surface hole.

3-30-72 Ran 6 joints 8 5/8", 24#, KS surface casing, 194' set at 209'. Cemented with 177 cu.ft. cement. Circulated to surface. WOC 12 hours, held 600#/30 minutes.

4-12-72 T.D. 6721'. Ran 208 joints 4 1/2", 10.5#, KE production casing, 6710' set at 6721'. Float collar set at 6707'. Stage tools at 4790' and 2267'. Cemented first stage with 348 cu.ft. cement, second stage with 427 cu.ft. cement and third stage with 358 cu.ft. cement. WOC 18 hours, Top of cement at 1375'.

4-13-72 PBTD 6707'. Perf'd 6514-26', 6550-56', 6572-84', 6592-96', 6636-42' with 16 HPZ. Fraced with 50,000# 40/60 sand and 50,000 gallons treated water. Dropped 4 sets of 16 balls each. Flushed with 4300 gallons water.

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

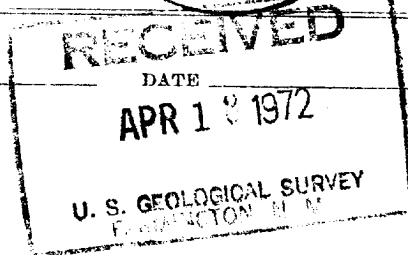
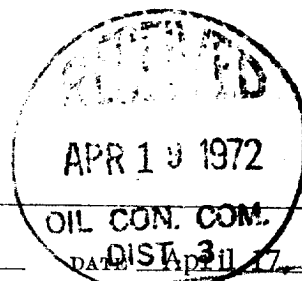
SIGNED Original Signed T. H. WOOD

TITLE Petroleum Engineer

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side