

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SP 080811

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harrington

9. WELL NO.

1 (OWO)

10. FIRED AND POOL, OR WILDCAT

So. Blanco P. C.

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

Sec. 31, T-27-N, R-7-W

N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 990, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

990'S, 800'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5998' DF

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☒

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

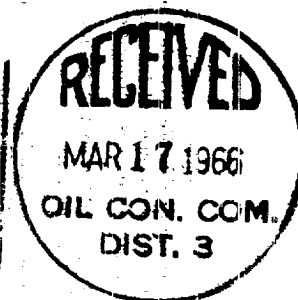
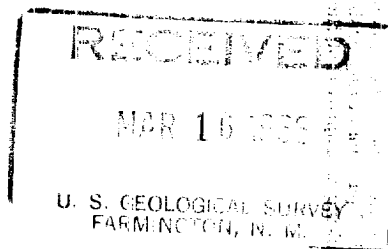
CHANGE PLANS ☐

(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.)*

On 3-4-66 tested casing to 4000# O. K. Perforated intervals 2114-26, 2146-58 w/18 shots/zone. Fractured w/23,000# 20/40 sand, 24,574 gal. water w/5# J-133 per 1000 gal., and 1% calcium chloride. Max. pr. 4000#, BDP 3100#, tr. pr. 3100-3500#. Dropped 1 set of 18 balls, flushed w/546 gal. water. I.R. 17.5 BPM. ISD 900#, 5 Min. SIP 400#.



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

Original signed by

SIGNED Carl E. Matthews

TITLE Petroleum Engineer

DATE 3-15-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: