DEPARTMENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY  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 N	G QR TRIBE NAME  7-5 Unit  8 WILDCAT  C. AND
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.  (De "APPLICATION FOR PERMIT" for such proposals.)  OIL GAS WELL OTHER  OIL OTHER  OIL OTHER  OIL OTHER  OIL OTHER  OIL OTHER  OTHER  OTHER  NAME OF OFERATOR  EX PASO Natural Cas Company  ADDRESS OF OFERATOR  BOX 990, Farmington, New Mexico  Location of Well (Report location clearly and in accordance with any State requirements.*  See also space if below.)  At surface  650'S, 1600'E  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  6620' GL, 6630'DF  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PRACTICE TREAT  NULTIFIE COMPLETE  ABANDON*  SUBSEQUENT REPORT OF REAR SHOOTING OR ACIDIZING  ABANDONA  ABANDONA  CHANGE PLANS  (Other)  OTHER COMPLETE  ABANDONA  ABANDONA  CHANGE PLANS  (Other)  OTHER COMPLETE  ABANDONA  ABANDONA  CHANGE PLANS  (Other)  OTHER COMPLETE  ABANDONA  ABANDONA  SUBSEQUENT REPORT or PARISH  ALTERING OR ACIDIZING  ABANDONA  ABANDONA  ABANDONA  ABANDONA  CHANGE PLANS  (Other)  OTHER COMPLETE  ABANDONA  ABANDO	A-5 Unit -5 Unit R WILDCAT C.
SUNDRY NOTICES AND REPORTS ON WELL (See "APPLICATION FOR PERMIT—" for such proposals.)  OIL SEE "APPLICATION FOR PERMIT—" for such proposals.)  OIL SEE SAME OF OPERATOR  EL Paso Natural Cas Company  ADRESS OF OPERATOR  BOX 990, Farmington, New Mexico  LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  650'S, 1600'E  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 MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other)  Change Plans  (Other)  Check Spud date. On 6-10-64 total depth 130'. Ran 4 joints 6 5/8", 24, 50 casing (116.16') set at 126.16' v/120 aks. regular. 2 calcium chloride.	A-5 Unit -5 Unit R WILDCAT C.
(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 N  SAN JUMP.  8. FARM OR LEASE NA  SEN JUMP.  8. FARM OR LEASE NA  SEN JUMP.  8. FARM OR LEASE NA  SEN JUMP.  9. WELL N.  ADDRESS OF OFERATOR  BOX 990, Farmington, New Mexico  10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  650'S, 1600'E  15. BLEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT  SHOOT OR ACIDIZE  ABANDON*  SIDDOT OR ACIDIZE  ABANDON*  SIDDOTING OR ACIDIZE  ABANDON*  SIDDOTING OR ACIDIZE  (Other)  Change Plans  (Other)  Change Plans  Change Plans  (Other)  Change Plans  Change Plans  (Other)  Change Plans  Chang	7-5 Unit -5 Unit  R WILDCAT  C. ACK. AND
OIL GAS WELL OTHER  NAME OF OPERATOR  E1 Paso Natural Gas Company  ADDRESS OF OPERATOR  BOX 990, Farmington, New Mexico  LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See Alian 2  9. WELL NO.  10. FIEED AND POOL, Gas also space 17 below.)  At surface  650'S, 1600'E  11. SEC, E., M., OR SURVEY OR FARISH  6620' GL, 6630'DF  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT  SHOOT OR ACIDIZE REPAIR WELL  CHANGE PLANS  (Other)  C	7-5 Unit -5 Unit  R WILDCAT  C. ACK. AND
EI Paso Natural Gas Company  ADDRESS OF OPERATOR  BOX 990, Farmington, New Mexico  Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  8. Farm or least NA  10. Field And Fool., Survey or Are.  11. Selevations (Show whether Df. RT. GR. etc.)  12. Country or Parisis  Rio Arriba  13. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Notice of intention to:  Subsequent report of:  Test water shut-off Fracture treat Shoot or Acidize Areanon.*  Shooting or Acidizing Areanon.*  Shooting or Acidizing Areanon.*  (Other)  Locating Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated da proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker nent to this work.)*  8. Farm or least NA  San Aban 2  9. Well NO.  10. Field And Pool.,  11. Selevation Subsequent Report, or Other Data  Notice of Intention to:  Subsequent report of:  Repairing Areanon.*  Areanon.*  (Other)  (Note: Report results of multiple completion report and Log to Completion or Recompletion Report and Log to Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker nent to this work.)*	-5 Unit  R WILDCAT  C.  BLK. AND
ADDRESS OF OPERATOR  BOX 990, Farmington, New Mexico  Location of well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  850'S, 1600'E  11. BLEVATIONS (Show whether DF, RT, GR, etc.)  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*  REPAIR WELL  (Other)  Check Appropriate DOPERATORS (Clearly state all pertinent details, and give pertinent dates, including estimated da proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker nent to this work.)*  SET JACA 2. R. M. 2  9. WELL NO.  10. FIEED AND FOOL.  TRESTING SERVEY OR ARE SERVEY OR AR	-5 Unit  R WILDCAT  C.  BLK. AND
Box 990, Farmington, New Mexico  Location of well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  850'S, 1600'E  11. SEC, T., R., M., or Strew or Reference and Fractions (Show whether DF, RT, GR, etc.)  6620' GL, 6630'DF  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZE REPAIR WELL (Other)  DESCRIBE PROPOSED OR COMPLETED OFERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated dar proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker nent to this work.)*  6-9-64 Spud date. On 6-10-64 total depth 130'. Rem 4 joints 6 5/6", 24#, J casing (116.16') set at 126.16' w/120 aks. regular. 25 calcium chlowide.	R WILDCAT
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  850'S, 1600'E  11. SEC., T., R., M., OR SURFEY OR REF.  SEC. 15, T.  M. P.M.  4. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. COUNTY OR PARISI  REPARISON  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT  MULTIPLE COMPLETE  SHOOT OR ACIDIZE  REPARING  ABANDON'  REPAIR WELL  (Other)  (Other)  (Other)  (Other)  (NOTE: Report results of multiple completion Completion or Recompletion Report and Log for Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker near to this work.)*	E. BLR. AND
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  850'S, 1600'E  11. SEC., T., R., M., OR SURFEY OR REF.  SEC. 15, T.  M. P.M.  4. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. COUNTY OR PARISI  REPARISON  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT  MULTIPLE COMPLETE  SHOOT OR ACIDIZE  REPARING  ABANDON'  REPAIR WELL  (Other)  (Other)  (Other)  (Other)  (NOTE: Report results of multiple completion Completion or Recompletion Report and Log for Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker near to this work.)*	E. BLR. AND
4. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  6.  16.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Other)  7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated da proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker nent to this work.)*  11. SEC. T. R. M., OR SURVEY OR ARE.  SHOOT OF, GR, etc.)  12. COUNTY OR PARISI REPAIRING WATER SHUT-OFF FRACTURE TREATMENT ALTERING OR ACIDIZING (Other)  (NOTE: Report results of multiple completion Report and Log for proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker nent to this work.)*  6-9-64 Spud date. On 6-10-64 total depth 130'. Ram 4 joints 5 5/8", 24#, 3 calcium childrical and control of the country of	ELK. AND
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4. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. COUNTY OF PARISH  66.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT  MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*  REPAIR WELL (Other)  Change Plans  (Other)  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **REPAIRING**  **REPAIRING**  **REPAIRING**  **Change Plans  (Other)  Change Plans  (Other)  **TEST WATER SHUT-OFF FRACTURE TREATMENT ALTERING OF ACIDIZING  (NOTE: Report results of multiple completion Completion or Recompletion Report and Log to Completion or Recompletion Report and Log to Completion or Recompletion Report and Log for Papers work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marker nent to this work.)*  6-9-64 Spaid date. On 6-10-64 total depth 130'. Ran 4 joints 6 5/6", 24.2.  **TESTIMATE OF THE PARISH OF T	07_N D
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18. I hereby certify that the foregoing is true and correct SIGNED F. S. OBERLY	TITLE Petroleum Engineer		
		DATH <b>6-12-64</b>	
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE	