

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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	5. LEASE DESIGNATION AND SERIAL NO. <b>SF 079391</b>
2. NAME OF OPERATOR <b>El Paso Natural Gas Company</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 990, Farmington, New Mexico</b>	7. UNIT AGREEMENT NAME <b>San Juan 27-5 Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1090'N, &amp; 990'E</b>	8. FARM OR LEASE NAME <b>San Juan 27-5 Unit</b>
	9. WELL NO. <b>69 (ND)</b>
	10. FIELD AND POOL, OR WILDCAT <b>Blanco M.V. &amp; Basin Dak.</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 7, T-27-N, R-5-W N.M. 2-24</b>
14. PERMIT NO.	12. COUNTY OR PARISH <b>Rio Arriba</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6629' OL, 6639' NW</b>	18. STATE <b>New Mexico</b>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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)			

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

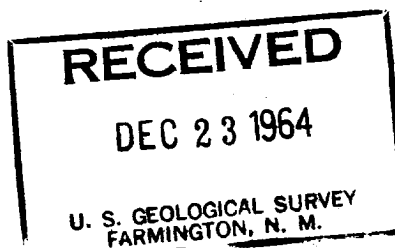
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

**12-5-64 Pulled 2 1/16" & 1 1/4" tubing and packer.**

**12-6-64 Ran 246 joints 1 1/2", 2.90#, J-55 tubing (7782.52') set at 7793.22', Perfs. from 7757.24' to 7761.15', SN @ 7756.56'. Baker Model "D" packer set at 5809.04'.**

**Ran 176 joints 1 1/4", 2.3#, J-55 tubing (5714.98') set at 5725.68'. Perfs. from 5688.87' to 5692.53'. SN @ 5687.92'.**



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

SIGNED **E. S. OBERLY**

TITLE **Petroleum Engineer**

DATE **12-17-64**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side