

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.
SF 078565-A
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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR El Paso Natural Gas Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1637' S, 1650' W</p>	<p>7. UNIT AGREEMENT NAME San Juan 28-7 Unit</p> <p>8. FARM OR LEASE NAME San Juan 28-7 Unit</p> <p>9. WELL NO. 2 (P & A)</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-27-N, R-7-W NMPM</p>		
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, ET, GS, etc.) 6761' GL</p>	<p>12. COUNTY OR PARISH</p>	<p>13. STATE</p>

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"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)*

This well was plugged and abandoned as follows:

- 12-09-76 Went in hole with tubing, tagged bottom at 3800'. Circulated hole.
- 12-10-76 Stretched 7" pipe and determined free point to be at 800'.
- 12-11-76 Perforated squeeze holes at 3248'. Spotted a 70 sk cement plug at 3257' and displaced 10 sks thru perfhoses.
- 12-12-76 Perfed squeeze holes at 2516'. Spotted a 60 sks plug and displaced 20 sks thru perfs holes. Shot off 7" casing at 794' and recovered.
- 12-13-76 Spotted a 70 sk cement plug across casing stub at 794'.
Spotted a 54 sk cement plug at base of surface casing to 360'.
Spotted a 10 sk cement plug at surface, installed dry hole marker and cleaned location.

NOTE: A final subsequent report will be filed after the surface restoration is complete.

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

SIGNED *A. G. Davis* TITLE Drilling Clerk DATE January 17, 1977

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

