

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME San Juan 27-5 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. NAME OR LEASE NAME San Juan 27-5 Unit
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401	9. WELL NO. 105
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 820' S, 1500' W	10. FIELD AND POOL, OR WILDCAT Semin Dakota
14. PERMIT NO.	11. SEC. T., R., M., OR B.L. AND SURVEY OR AREA Sec. 1E, T-27-N, R-5-W S.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7467' GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

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) <input type="checkbox"/>	

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.)*

5-29-67, Spudded well, drilled Surface hole.

5-30-67, Ran 10 joints 10 3/4", 32.75#, H-40 casing, 312' set at 325' w/240 sks. cement circulated to surface. W.O.C. 12 hrs., tested w/600#/30 minutes, O.K.

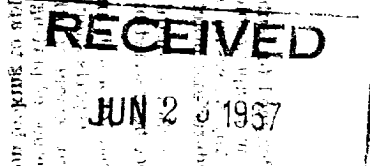
6-6-67, T. D. 4580', Ran 139 joints 7 5/8", 26.40#, J-55 casing, 4560' set at 4580' w/165 sks. cement, W.O.C. 12 hrs. tested w/1000#/30 minutes, O.K.

6-11-67, T. D. 8434', Ran 63 joints of 5 1/2", 17# & 193 jts. 5 1/2", 15.5#, J-55 casing, total of 256 jts., 8424' set at 8434' w/300 sks. cement, W.O.C. 12 hrs. tested w/1500# for 30 minutes, O.K.

6-15-67, T. D. 8741', Ran 12 jts. 4", 11.6#, J-55 Flush Joint Liner, 997' set from 8344' to 8741' w/100 sks. cement, W.O.C. 18 hrs., tested w/1500#./30 minutes, O.K.

6-16-67, P. B. T. D. 8720'. Tested casing to 4000#, Spotted 200 gallon 7 1/2" MCL.

Perf Dakota 8484-8500, 8600-8614, 8656-66, 8680-86, 8698-8706' w/20 sks. Free w/50,000# 40/60 sand, 51,590 gallon water, max. pr 4000#, BDP 1700#, tr pr 3500-3925-4000#, I.R. 28.8 BPM. Dropped 3 sets of 20 balls each, Flushed w/8,900 gallon water. ISIP 1900#, 5 min. SIP 1600#.



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

Original Signed F. H. WOOD

SIGNED

TITLE Retroleum Engineer

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 19 1967