Form	
(May	1.63)

TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

(Other)

## UNITED STATES

ES SUBMIT IN TRIPLICATE\*

[Other instructions on reverse side]

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Form approved. Budget Bureau No. 42-

REPAIRING WELL

ALTERING CASING

υ	GEOLOGICAL SURVEY	SF 080669
(D) - A Abia form	Y NOTICES AND REPORTS ON WELLS  n for proposals to drill or to deepen or plug back to a different reservoice "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL X	OTHER	7. UNIT AGREEMENT NAME San Juan 27-4 Unit
2. NAME OF OPERATOR		8. FARM OR LEASE NAME San Juan 27-4 Unit
El Paso Natura 3. Address of Operator	al Gas Company	9. WELL NO.
P.O. Box 990. 4. LOCATION OF WELL (Report See also space 17 below.) At surface	Farmington New Mexico 87401 rt location Stearly and in accordance with any State requirements.	43 10. FIELD AND POOL, OR WILDCAT  Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1750'N,	, 990'E, Unit H	Sec. 17-T27N. R4W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)  GL 6924	12. COUNTY OR PARISH 13. STATE  Rio Arriba New Mexico
16.	Check Appropriate Box To Indicate Nature of Notice, Rep	ort, or Other Data
NOTI	CE OF INTENTION TO:	SUBSEQUENT REPORT OF:

ABANDONMENT\* SHOOTING OR ACIDIZING ABANDON\* SHOOT OR ACIDIZE CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

WATER SHUT-OFF

FRACTURE TREATMENT

As the well was found to have fill to 8166', no packer was run in the well. 2 3/8"-EVE tubing was run to 8150'.

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.)\*



PULL OR ALTER CASING

MULTIPLE COMPLETE

8. I hereby certify that the foregoing is true and correct		
SIGNED SIGNED	TITLE Production Engineer	DATE November 21, 1973
(This space for Federal or State office use)	•	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE