

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 surface in Indian Reservations. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 079482-B	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME San Juan 27-5 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1340'S, 1650'W		8. FARM OR LEASE NAME San Juan 27-5 Unit	
14. PERMIT NO.		9. WELL NO. 119	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6564' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-27-N, R-5-W N.M.P.M.	
		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:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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"/>		<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.)*

On 4-11-70 spudded well, drilled surface hole.

On 4-12-70 Ran 7 joints 9 5/8", 32.30%, H, surface casing (227') set at 243' w/ 165 sacks of cement circulated to surface. W.O.C. 12 hours, held 800%/30 Min.

On 4-18-70 T.D. 3578', ran 116 joints 7", 20%, K, intermediate casing (3535') set at 3578' w/ 150 sacks of cement. 80% W.O.C. 14 hours, held 800%/30 Min.

On 4-22-70 T.D. 7789', ran 239 joints 4 1/2", 11.8 & 10.5%, KS production casing (7776') set at 7789' w/ 360 sacks of cement. W.O.C. 18 hours.

On 4-23-70 P.B.T.D. 7776', perf. 7559-65' w/ 24 holes, 7575-81' w/ 23 holes, 7686-98' 7758-70' w/ 24 SPZ. Frac w/ 50,000# 20/40 sand, 50,400 gal. water, dropped 3 sets of 24 balls, flushed w/ 5460 gal. water.

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

SIGNED Original Signed F. H. WOOD

TITLE Petroleum Engineer

DATE 5-4-70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____