

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-1424.

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. SF 079394 |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 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 900'S, 840'W | | 8. FARM OR LEASE NAME San Juan 27-5 Unit |
| 14. PERMIT NO. | | 9. WELL NO. 169 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6486'GL | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-27-N, R-5-W NMPM |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE NM |

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"/> | |

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"/> | |

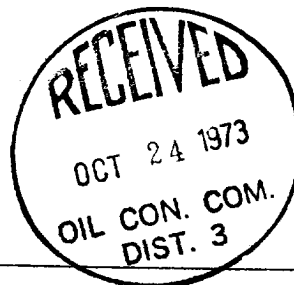
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

9-21-73 TD 3452'. Ran 108 joints 7", 20#, J-55 intermediate casing, 3439' set at 3452'. Cemented with 190 cu. ft. cement. WOC 12 hours, held 1200#/30 min. Top of cement at 2500'.

9-27-73 TD. 7653'. Ran 249 joints 4 1/2", 11.6 and 10.5#, KS production casing, 7640' set at 7653'. Float collar set at 7645'. Cemented with 642 cu. ft. cement. WOC 18 hours. Top of cement at 3100'.

10-14-73 PBTD 7645'. Tested casing to 4000#-OK. Perf'd 7398', 7425', 7440', 7509', 7518', 7552' and 7582' with one shot per zone. Frac'd with 60,000# 40/60 sand and 59,352 gallons treated water. No ball drops. Flushed with 5000 gallons water.



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

SIGNED [Signature]

TITLE Drilling Clerk

DATE October 17, 1973

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

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