

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 080213
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 Rincon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1651'S, 1500'W		8. FARM OR LEASE NAME Rincon Unit
14. PERMIT NO.		9. WELL NO. 200
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6750'GL		10. FIELD AND POOL, OR WILDCAT Undes Chacra
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-27-N, R-7-W NMPM
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

18. 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"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

12-8-73 Tested surface casing; held 600#/30 minutes.

12-15-73 T.D. 4164'. Ran 136 joints 2 7/8", 6.4#, J-55 production casing, 4154' set at 4164'. Baffle set at 4154'. Cemented with 853 cu.ft. cement. WOC 18 hours. Top of cement at 1200'.

3-22-74 Tested casing to 4000#-OK.
PBD 4154'. Perf'd 3956-70' with 14 shots per zone. Frac'd with 20,000# 20/40 sand and 21,500 gallons treated water. Dropped no balls. Flushed with 1000 gallons water.



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

SIGNED M. P. Duaso TITLE Drilling Clerk DATE 3-26-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side