

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(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		5. LEASE DESIGNATION AND SERIAL NO. SF 079321-A	
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 28-7 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1550'N, 1750'E		8. FARM OR LEASE NAME San Juan 28-7 Unit	
14. PERMIT NO.		9. WELL NO. 183	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6131'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-27-N, R-7-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)\*

- 11-8-73 TD 3171'. Ran 99 joints 7", 20#, J-55 intermediate casing, 3158' set at 3171'. Cemented with 261 cu.ft. cement. WOC 12 hours, held 1200#/30 min. Top of cement at 2050'.
- 11-15-73 TD 7268'. Ran 223 joints 4 1/2", 10.5 and 11.6 #, J-55 production casing, 7257' set at 7268'. Float collar set at 7261'. Cemented with 653 cu.ft. cement. WOC 18 hours. Top of cement at 4600'.
- 12-27-73 PBTD 7261'. Tested casing to 4000#-OK. Perf'd 7046', 7062', 7078', 7138', 7168', 7170', 7196', 7216', 7232' and 7248' with one shot per zone. Frac'd with 75,000# 40/60 sand and 90,220 gallons treated water. No ball drops. Flushed with 5290 gallons water.

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

SIGNED

*A. J. [Signature]*

TITLE

Drilling Clerk

DATE January 3, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side