

(May 1963)

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

**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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>El Paso Natural Gas Company</u></p> <p>3. ADDRESS OF OPERATOR <u>Box 990, Farmington, New Mexico 87401</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>1838 'N, 1765 'W</u></p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>SF 080675</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME <u>San Juan 27-4 Unit</u></p> <p>8. FARM OR LEASE NAME <u>San Juan 27-4 Unit</u></p> <p>9. WELL NO. <u>63</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Tapacito Pictured Cliffs</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 27, T-27-N, R-4-W</u></p> <p>12. COUNTY OR PARISH <u>MMPM</u></p> <p>13. STATE <u>Rio Arriba    New Mexico</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7224' GL</u></p>	

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

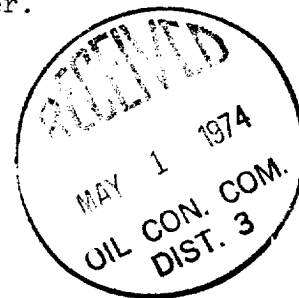
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) _____	
(Other) _____			

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.)\*

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

12-22-73    T.D. 4280'. Ran 138 joints 2 7/8", 6.4#, J-55 production casing, 4269' set at 4280'. Baffle set at 4270'. Cemented with 264 cu.ft. cement. WOC 18 hours. Top of cement at 3075'.

4-23-74    Tested casing to 4000#-OK.  
PBSD 4270'. Perf'd 4102-26', 4152-62' with 20 shots per zone. Frac'd with 40,000# 10/20 sand and 32,424 gallons treated water. Dropped one set of 20 balls. Flushed with 1008 gallons water.



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

SIGNED <u>M. E. Dices</u>	TITLE <u>Drilling Clerk</u>	DATE <u>4-25-74</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____		

\*See Instructions on Reverse Side