

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03560

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 28-7 Unit

8. FARM OR LEASE NAME

San Juan 28-7 Unit

9. WELL NO.

176

10. FIELD AND POOL, OR WILDCAT
So. Blanco Pictured Cliffs
Otero Chacra11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREASec. 29, T-27-N, R-7-W
NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1695'N, 1650'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6547'GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

10-24-73 Spudded well. Drilled surface hole.

10-27-73 Ran 4 joints 9 5/8", 32.3#, H-40 surface casing, 124' set at 124'GL.
Cemented with 142 cu. ft. cement, circulated to surface. WOC: 12 hours.

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

SIGNED

[Signature]

TITLE

Drilling Clerk

DATE

October 31, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side