CORRECTED COPY

UNITED STATES SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R142#

DEPART	SF 079493 -A G. IF INDIAN, ALLOTTEE OR TRIBE NAME				
SUNDRY NO (Do not use this form for propulse "APPLIC					
OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME		
			San Juan 27-5 Unit		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME				
El Paso Natural Gas	San Juan 27-5 Unit				
3. ADDRESS OF OPERATOR	9. WELL NO.				
Box 990, Farmington	159				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450 S, 790 'E			Tapacito Pictured Cliffs 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-27-N, R-5-W MMPW.		
	7267'G	<u>L</u> ,	Rio Arriba New Mexico		
16. Check A	Appropriate Box To Indicate	Nature of Notice, Report, or (Other Data		
NOTICE OF INTENTION TO:			QUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLEME	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*		
SHOOT OR ACIDIZE REPAIR WELL	ABANDON* CHANGE PLANS	(Other)			
		(Other)(Nore: Report result	s of multiple completion on Well oletion Report and Log form.)		
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct nent to this work.)*	PERATIONS (Clearly state all pertin tionally drilled, give subsurface lo	(Other) (Note: Report result Completion or Recomp	s of multiple completion on Well oletion Report and Log form.) s, including estimated date of starting any cal depths for all markers and zones perti-		

8. I hereby certify that the foregoing is true and correct SIGNED SUSSE	TITLE	Drilling Clerk	DATE	5-6-74
(This space for Federal or State office use)				
APPROVED BY	TITLE		DATE	