

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR El Paso Natural Gas Company</p> <p>3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1170'N, 1800'E</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF 079391</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME San Juan 27-5 Unit</p> <p>8. FARM OR LEASE NAME San Juan 27-5 Unit</p> <p>9. WELL NO. 176</p> <p>10. FIELD AND POOL, OR WILDCAT Tapacito Pictured Cliffs</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-27-N, R-5-W NMPM</p> <p>12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6626'GL</p>	

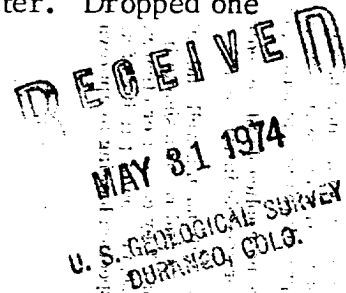
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) _____	

(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.)*

- 3-14-74 Tested surface casing, held 600#/30 minutes.
- 3-17-74 TD 3558'. Ran 116 joints 2 7/8", 6.4#, J-55 production casing, 3548' set at 3558'. Baffle set at 3548'. Cemented with 209 cu. ft. cement. WOC 18 hours. Top of cement at 3310'.
- 5-23-74 Tested casing to 4000#-OK.
PBSD 3548'. Perf'd 3436-48', 3460-84' with 24 shots per zone. Frac'd with 50,000# 10/20 sand and 50,526 gallons treated water. Dropped one set of 24 balls. Flushed with 882 gallons water.



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

SIGNED *N. P. Owens* TITLE Drilling Clerk DATE May 29, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: