

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R124.

5. LEASE DESIGNATION AND SERIAL NO.

SF 079394

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		San Juan 27-5 Unit	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
El Paso Natural Gas Company		San Juan 27-5 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.	
Box 990, Farmington, New Mexico 87401		172	
850'N, 1150'E		10. FIELD AND POOL, OR WILDCAT	
		Tapacito Pictured Cliffs <i>ETC.</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		Sec. 34, T-27-N, R-5-W	
		12. COUNTY OR PARISH	
		Rio Arriba	
		13. STATE	
		New Mexico	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		6584'GL	

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <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.)*

- 4-16-74 Tested surface casing; held 600#/30 minutes.
- 4-20-74 T.D. 3472'. Ran 118 joints 2 7/8", 6.4#, J-55 production casing; 3461' set at 3472'. Baffle set at 3461'. Cemented with 221 cu.ft. cement. WOC 18 hours. Top of cement at 2100'.
- 5-2-74 Tested casing to 4000#-OK.
PBTD 3461'. Perf'd 3328-48 with 19 shots per zone, 3358-63' and 3386-3410' with 20 shots per zone. Frac'd with 60,000# 10/20 sand and 61,152 gallons treated water. Dropped two sets of 20 balls each. Flushed with 840 gallons water.



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

SIGNED A. D. Shisco TITLE Drilling Clerk DATE 5-3-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side