

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on re-
verse side)

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

SF 079493

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 <input type="checkbox"/>		7. UNIT AGREEMENT NAME San Juan 27-5 Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 27-5 Unit	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		9. WELL NO. 184	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1750'N, 850'W		10. FIELD AND POOL, OR WILDCAT Tapacito Pic.Cliffs	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.25,T-27-N,R-5-W NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6599'GL		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Present Status <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

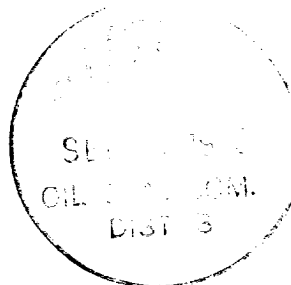
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

It is requested that the subject well be classified as temporarily abandoned. The well is being evaluated to determine its future disposition. Periodic visits will be made to the wellsite to ascertain the well's condition does not change in any manner which would indicate damage or communication is occurring.

TEMPORARY ABANDONMENT
EXPIRES JUN 1 1977



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

SIGNED L.A. Ames

TITLE, Sr. Drilling Engineer

DATE 9-13-76

(This space for Federal or State approval)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE