

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

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. See space 17 below.)  
1190'S, 800'W  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Request for non-cancellation of approval

5. LEASE  
SP 080674
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
San Juan 27-4 Unit
8. FARM OR LEASE NAME  
San Juan 27-4 Unit
9. WELL NO.  
100
10. FIELD OR WILDCAT NAME  
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T-27-N, R-4-W  
NMPM
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7124'GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

This location has been built. We do not know when this well will be drilled, but since the location has been built, we request that our Permit to Drill not be cancelled.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. P. Guree TITLE Drilling Clerk DATE November 7, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
NOV 7 1977

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

San Juan 27-4 Unit #100

M-22-27N-4W

EPNG CO

F

30-039-20881

4-25-74

F. Loc. 1190/S;800/W Elev. 7124 GL Spd. \_\_\_\_\_ Comp. \_\_\_\_\_ TD \_\_\_\_\_ PB \_\_\_\_\_

Casing S. \_\_\_\_\_ W \_\_\_\_\_ Sx. Int. \_\_\_\_\_ @ \_\_\_\_\_ W \_\_\_\_\_ Sx. Pr. \_\_\_\_\_ @ \_\_\_\_\_ W \_\_\_\_\_ Sx. T. \_\_\_\_\_ @ \_\_\_\_\_  
Csg. Perf. \_\_\_\_\_ Prod. Stim. \_\_\_\_\_

T  
R  
A  
N  
S

I.P. \_\_\_\_\_ BO/D \_\_\_\_\_ MCF/D After \_\_\_\_\_ Hrs. SICP \_\_\_\_\_ PSI After \_\_\_\_\_ Days GOR \_\_\_\_\_ Grav. \_\_\_\_\_ 1st Del. \_\_\_\_\_ \$ \_\_\_\_\_

TOPS

NITD

X

Well Log

TEST DATA

|                 |  |       |  |              | Schd. | PC | Q | PW | PD | D | Ref. No. |
|-----------------|--|-------|--|--------------|-------|----|---|----|----|---|----------|
| Kirtland        |  | C-103 |  | Plat X       |       |    |   |    |    |   |          |
| Fruitland       |  | C-104 |  | Electric Log |       |    |   |    |    |   |          |
| Pictured Cliffs |  |       |  | C-122        |       |    |   |    |    |   |          |
| Cliff House     |  | Ditr  |  | Dfa          |       |    |   |    |    |   |          |
| Menefee         |  | Datr  |  | Dac          |       |    |   |    |    |   |          |
| Point Lookout   |  | W320  |  |              |       |    |   |    |    |   |          |
| Mancos          |  |       |  |              |       |    |   |    |    |   |          |
| Gallup          |  |       |  |              |       |    |   |    |    |   |          |
| Sanostee        |  |       |  |              |       |    |   |    |    |   |          |
| Greenhorn       |  |       |  |              |       |    |   |    |    |   |          |
| Dakota          |  |       |  |              |       |    |   |    |    |   |          |
| Morrison        |  |       |  |              |       |    |   |    |    |   |          |
| Entrada         |  |       |  |              |       |    |   |    |    |   |          |

P  
O  
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Basin Dak Co. RA S 22 T 27N R 4W U Mper. EPNG CO

Lse. San Juan 27-4 U No. 100

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 080674

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 27-4 Unit

8. FARM OR LEASE NAME

San Juan 27-4 Unit

9. WELL NO.

100

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 22, T-27-N, R-4-W  
N. M. P. M.

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1190'S, 800'W

14. PERMIT NO.

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

7124' 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

X

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 pertinent to this work.)\*

Please rescind the Application for Permit to Drill this location. A drilling site has been constructed on this location.



RECEIVED

DEC 04 1978

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

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

SIGNED

*A. B. Busco*

TITLE

Drilling Clerk

DATE

11-30-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*ch Frank*

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\*See Instructions on Reverse Side