

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form Approved  
Budget Bureau No. 42 R1424  
5. LEASE DENOMINATION AND SERIAL NO.

SF 080670

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 San Juan 27-4 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 27-4 Unit
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 87401		9. WELL NO. 90
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1585'N, 755'E		10. FIELD AND POOL, OR WILDCAT Tapacito PC
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-27-N, R-4-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6811' GL		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mex.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL 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)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

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

08-25-76 Tested surface casing, held 600#/30 minutes.

08-31-76 TD 3777'. Ran 97 joints, 2 7/8", 6.4#, H-40 &amp; K-55 production casing, 3765' set at 3777'. Baffle set at 3766'. Cemented with 227 cu. ft. cement. WOC 18 hours. Top of cement at 2700'.

09-20-76 Tested casing to 4000#--OK. PBTD 3766'. Perf'd 3622'3657', 3666', 3675', 3680' with 1 shot per zone. Frac'd with 50,000#--10/20 sand and 44,700 gallons treated water. Dropped not sets of balls. Flushed with 925 gallons water.

RECEIVED  
SEP 23 1976

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

SIGNED A. G. BuscoTITLE Drilling ClerkDATE September 21, 1976

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side