

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.

SF080672

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.

110

10. FIELD AND POOL, OR WILDCAT

Tapacito PC Ext

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

Sec. 23, T-27-N, R-4-W
N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 990, Farmington, NM 87401

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

See also space 17 below.)
At surface

1035'S, 1760'W

14. PERMIT NO.

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

7178' 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 ☐

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.)*

07-22-76 Spudded well. Drilled surface hole.

07-23-76 Ran 3 joints 8 5/8", 24#, K-55 surface casing, 121' set at 133'. Cemented with 105 cu. ft. cement. Circulated to surface.

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

SIGNED James Bradford

TITLE Drilling Clerk

DATE July 29, 1976

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

