| Form 9-331 May 1963) | DEPART | JNITED STATES MENT OF THE I | NTERIOR | SUBMIT IN TRIPLICA (Other instructions on verse side) | s re- | EASE DE F08066 | | u No 12 | L NO. | |
|---|--|---|-------------------|---|---------------|--------------------|--|--------------|--------------|--|
| 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. (Do not use "APPLICATION FOR PERMIT—" for such proposals.) | | | | | | | 6. JF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME | | | |
| OIL GAS WELL OTHER 2. NAME OF OPERATOR | | | | | | San Juan 27-4 Unit | | | | |
| El Paso Natural Gas Company | | | | | | | San Juan 27-4 Unit | | | |
| 8. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401 | | | | | | | 9, WELL NO. 73 (PM) | | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | | | | | 10. FIELD. AND PROL, AN WILDCAT Tapacito PC EXT Blanco Mesa Verde 11. SEC., T., B., M., OB BLS. AND | | | |
| 1720'N, 1190'E | | | | | | | Sec. 17, 07 APP N. R-4-W | | | |
| 14. PERMIT NO. | | 15. BLEVATIONS (Show | whether DF, RT, G | R, etc.) | 1 ' | 2. COUNTY | on PARISH | - | re Mexico | |
| 16. | Check An | <u> </u> | | of Notice, Report, | | | | _ | | |
| | NOTICE OF INTEN | | | | | REPORT (| or: | e ty e sa | | |
| TEST WATER S FRACTURE TREA SHOOT OR ACID REPAIR WELL (Other) | IZD 3 | FULL OR ALTER CASING FULTIPLE COMPLETE ABANDON* PHANGE PLANS | | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report for Completion or Re | esults of | multiple c | EFAIRING WALTERING CA | SING | | |
| (| Spudded well. casing, 201' to surface, | Drilled surfiset at 215'. WOC 12 hours; JUN 21 1976 OIL CON. COM. DIST 3 | Cemented v | Ran 5 joints with 224 cu. f1 /30 minutes. | t. cen | ent. Sowerobards | Circles of the policy of the second of the s | ated | ; | |
| 8IGNED | that the foregoing is | 20 | LE Drill | ing Clerk | isoi | | Jun | e 15, | 1976 | |
| (This space for | Federal or State office | e use) | | | | 2 3 4 2 8 . | | | | |
| APPROVED BY CONDITIONS | 7 OF APPROVAL, IF A | | The | | condition 1.1 | DATE | | : 5 : 0 | | |

*See Instructions on Reverse Side