

Casing S. _____ W. _____ Sx. Int. _____ W. _____ Sx. Pr. _____ W. _____ Sx. T. _____
Csg. Perf. _____ Prod. Stim. _____ T P

TRANS

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

P
0
0
1

1. 1st Unit Co. 1st S. T. R. U. Oper. 1st Co. Lse. SJ 27-1-11 No. 123

65 17-1 10/10/1964 A-15-271-1

EL Paso Nat. Gas Co.

Was in Dakota

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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		5. LEASE DESIGNATION AND SERIAL NO. SF 080674
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME San Juan 27-4 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1050'N, 1054'E		8. FARM OR LEASE NAME San Juan 27-4 Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6905' GL	9. WELL NO. 129
		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-27-N, R-4-W N. M. P. M.
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	<input checked="" 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.)*

Please rescind the Applicaton for Permit to Drill this location.



RECEIVED

DEC 04 1978

GEOLOGICAL SURVEY
DANCO, COLO.

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

SIGNED <u>M. G. Duise</u>	TITLE <u>Drilling Clerk</u>	DATE <u>11-30-78</u>
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(This space for Federal or State office use)

APPROVED BY <u>ok Frank</u>	TITLE <u>3+</u>	DATE
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CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side