

NSL-660

F

30-039-20873

4-18-74

F. Loc. 1815/S;400/E Elev. 6797 GL Spd. \_\_\_\_\_ Comp. \_\_\_\_\_ TD \_\_\_\_\_ PB \_\_\_\_\_  
 Casing S. \_\_\_\_\_ W. \_\_\_\_\_ Sx. \_\_\_\_\_ Int. \_\_\_\_\_ S. \_\_\_\_\_ W. \_\_\_\_\_ Sx. Pr. \_\_\_\_\_ W. \_\_\_\_\_ Sx. T. \_\_\_\_\_  
 Csg. Perf. \_\_\_\_\_ Prod. Stim. \_\_\_\_\_

TRANS

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

TOPS		NITD	Well Log	TEST DATA						
Kirtland		C-103	Plot	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										
		S/320								

P  
O  
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P

Co. RA S 10 T 27N R 4W U 10per. EPNG CO Lse. San Juan 27-4 U No. 97

San Juan 27-4 Unit #97

I-10-27N-4W

EPNG CO

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 080668

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.

97

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 10, 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

1815'S, 400'E

14. PERMIT NO.

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

6797' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

☒

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

*D. G. Busco*

TITLE

Drilling Schedule

DATE

11-30-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*ok Frank*

\*See Instructions on Reverse Side