					1	
Form 9-331	UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR verse side)			Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.		
(May 1963)						
		GEOLOGICAL SURVEY			NW 075/39	
	this form for propos	ICES AND REPORT	plug back to a di		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1. OIL GAS ST					7. UNIT AGREEMENT NAME	
WELL WELL X OTHER					Huerfano Unit	
2. NAME OF OPERATOR					8. FARM OR LEASE NAME	
El Paso Natural Gas Company					Huerfano Unit	
3. ADDRESS OF OPERATOR						
P. O. Box 990, Farmington, New Mexico 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					138 10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface						
Mt Bulluce				•.	Undesignated	
800'N, 800'W					Sec. 22, T-26-II,R-9-W	
000 N, 000 W				N.M.P.I		
14. PERMIT NO.		15. ELEVATIONS (Show wheth	her DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
		6368' D.F.	,		San Juan	New Mexic
6. Check Appropriate Box To Indicate Nature of Notice, Report, or C				Other Data		
	NOTICE OF INTEN	TION TO:	1	SUBSEQ	CENT REPORT OF:	
					nantanino m	
TEST WATER S	[]	PULL OR ALTER CASING	i	ER SHUT-OFF	REPAIRING W	[
FRACTURE TREA		MULTIPLE COMPLETE ABANDON*	ı	OTING OR ACIDIZING	ABANDONMEN	1
SHOOT OR ACID REPAIR WELL	[CHANGE PLANS		her)		·• —
	andon Dakota		1	(Note: Report results	of multiple completion of letion Report and Log for	on Well
17. DESCRIBE PROPOS	SED OR COMPLETED OFF	RATIONS (Clearly state all per onally drilled, give subsurface	rtinent details, a	nd give pertinent dates,	including estimated date	e of starting any
		to plug and aban ation in this wel			and recomplete	е
	4 4	nd set a cast iro 6612') with 75 sa			leeze the Dakota	а.
S	Selectively p	erforate and sand	l-water fra	cture the Gall	Lup formation.	
					COTEN AND A	
					197	1
					OCT 1 2 197	M.)
					OIL CON. 3	

18. I hereby certify that the foregoing is true and correct TITLE Petroleum Engineer DATE October 8, 1971 (This space for Federal or State office use) DATE APPROVED BY ________CONDITIONS OF APPROVAL, IF ANY: TITLE 8 1971 OCT *See Instructions on Reverse Side

U. S. RECLOSICAL SURVEY