

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF - 078897

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Western

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Gallegos Gallun

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

Sec. 7-26N-11W NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR EL PASO PRODUCTS COMPANY	3. ADDRESS OF OPERATOR P. O. Box 1560, 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 660'/S, 660'/E, Section 7, Township 26 North, Range 11 West	14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6112' GR

16.

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

NOTICE OF INTENTION TO:

1. WATER SHUT-OFF	<input type="checkbox"/>	2. PULL OR ALTER CASING	<input type="checkbox"/>
3. FRACTURE TREAT	<input type="checkbox"/>	4. MULTIPLE COMPLETE	<input type="checkbox"/>
5. SHOOT OR ACIDIZE	<input type="checkbox"/>	6. ABANDON*	<input type="checkbox"/>
7. REPAIR WELL	<input type="checkbox"/>	8. CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

1. WATER SHUT-OFF	<input type="checkbox"/>	2. REPAIRING WELL	<input type="checkbox"/>
3. FRACTURE TREATMENT	<input type="checkbox"/>	4. ALTERING CASING	<input type="checkbox"/>
5. SHOOTING OR ACIDIZING	<input type="checkbox"/>	6. ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)			

(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).*

1. plugging operations 6-26-68, Finish 6-29-68

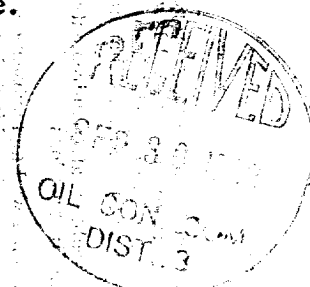
Load hole with mud laden fluid.

2. squeeze perforations 5266-4872', 45 sx cmt.
3. Shoot pipe loose at free point - 1373'.
4. Spot 35 sx cmt, 4% gel, 1425-1293' in and out of stub.
5. Spot 35 sx cmt, 4% gel, 410-305' - Base Ojo Alamo.
6. Place 10 sx cmt plug top surface casing with welded marker in place.
7. Clean location.

RECEIVED

SEP 27 1968

U. S. GEOLOGICAL SURVEY



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

Original SIGNED BY: [Signature] TITLE Agent DATE August 15, 1968

(This space for Federal or State office use)

APPROVED BY: [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side