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AZTEC (3)

Form 9-531  
(May 1965)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

SP-078461

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Filan
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 87401	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1530' FNL, 1050' FEL Section 5, T 27N, R 8W	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5967' DF
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T 27N, R 8W NE1/4
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

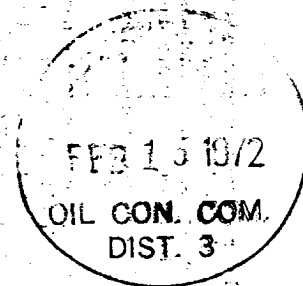
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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"/>		(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.)\*

1-4-72: Pull 2 3/8" tubing  
1-5-72: Reran 2 3/8" tubing. Set at 4589.26' of seating nipple at 4552.28'.  
1-6-72: Installed : 1548' 3/4" sucker rods  
2975' 4/8" sucker rods.  
sucker rod pump (H-F)  
Pneumatic (Klaeger) pumping unit

"CORRECTED COPY"



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

SIGNED

*[Signature]*

TITLE Production Engineer

DATE February 10, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side