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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

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 --" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name Huerfano Unit
2. Name of Operator El Paso Natural Gas Company	8. Farm or Lease Name Huerfano Unit
3. Address of Operator Box 990, Farmington, New Mexico - 87401	9. Well No. 163
4. Location of Well UNIT LETTER 0 800 FEET FROM THE South LINE AND 1800 FEET FROM THE East LINE, SECTION 19 TOWNSHIP 26N RANGE 9W NMPM.	10. Field and Pool, or Wildcat Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 6477' GL	12. County San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

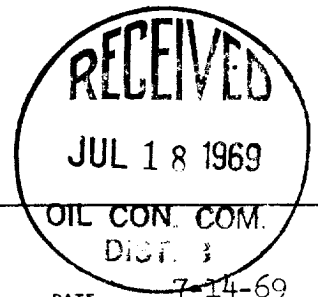
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Re-Stimulation

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 6-11-69 spotted 500 gal. 7 1/2% HCL across interval to be perforated. Perforated 6556-72' w/2 SFF. Set select liner from 6456' to 6496' to cover perfs 6466-71', 6489-94'. Frac perfs 6556-72' w/25,000# 20/40 sand, 27,000 gal. water. No BDF, tr. pr. 3400#, I.R. 30 BPM. ISIP 2200#, 5 Min. 1800#, 15 Min. 1400#. Recovered select liner.

IP after original stimulation was: A.O.F. - 1765 MCF/D; Choke Volume - 1666 MCF/D
SIPT XX 1917, SIPC 1909.

IP after re-stimulation was: A.O.F. - 837 MCF/D; Choke Volume - 779 MCF/D
SIPT 1143, SIPC 1143.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed By:

SIGNED L. O. Van Ryan

TITLE Petroleum Engineer

DATE 7-14-69

APPROVED BY

[Signature]

TITLE SUPERVISOR DIST. 73

DATE

JUL 18 1969

CONDITIONS OF APPROVAL, IF ANY: