

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-111421.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080425

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 1000'S, 890'E

7. UNIT AGREEMENT NAME  
Huerfano Unit

8. FARM OR LEASE NAME  
Huerfano Unit

9. WELL NO.  
244

10. FIELD AND POOL, OR WILDCAT  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 19, T-26-N, R-10-W  
NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6460'GL

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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

4-8-73 T.D. 6558'. Ran 202 joints 4 1/2", 10.5#, K-55 production casing, 6544' set at 6558'. Float collar set at 6540'. Stage tools at 4609' and 2010'. Cemented first stage with 344 cu. ft. cement, 2nd stage with 647 cu. ft. cement, 3rd stage with 349 cu. ft. cement. WOC 18 hours. Top of cement at 800'.

5-13-73 PBTD 6540'. Tested casing to 4000#. Perf'd 6352-58', 6390-6400', 6410-20', 6454-58' and 6492-96' for a total of 80 holes. Frac'd with 48,000# 40/60 sand and 49,686 gallons treated water. Dropped four sets of 16 balls each. Flushed with 4368 gallons water.



MAY 15 1973

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

SIGNED M. G. Quisenberry

TITLE Drilling Clerk

DATE May 15, 1973

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_