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NEW MEXICO OIL CONSERVATION COMMISSION

Form 7-1-74
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.
E-8441

7. Unit Agreement Name

8. Farm or Lease Name
Dow Marks Com

9. Well No.
1

10. Field and Pool, or Wildcat
Basin Dakota

12. County
San Juan

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

1. OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
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2. Name of Operator
El Paso Natural Gas Company

3. Address of Operator
P. O. Box 990, Farmington, NM 87401

4. Location of Well
UNIT LETTER <u>J</u> <u>1500</u> FEET FROM THE <u>S</u> LINE AND <u>1500</u> FEET FROM THE <u>E</u> LINE, SECTION <u>36</u> TOWNSHIP <u>26N</u> RANGE <u>9W</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
6327' GL

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

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☒

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER ☐

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.

11-17-74 Spudded well. Drilled surface hole.
Ran 7 joints 8 5/8", 24# K-55 surface casing, 213' set at 226'. Cemented with 189 cu. ft. cement. Circulated to surface. Waited on cement 12 hours; held 600#/30 minutes.

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

SIGNED M. G. Bures

TITLE Drilling Clerk

DATE November 21, 1974

Original Signed by Emery C. Arnold

APPROVED BY _____

TITLE SUPERVISOR DIST. 2

DATE 11-26-74

CONDITIONS OF APPROVAL, IF ANY: