

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03863

6. IF INDIAN, ALIOTTEE 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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>El Paso Natural Gas Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 990, Farmington, New Mexico 87401</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <u>700'S, 1470'W</u></p>	<p>7. UNIT AGREEMENT NAME <u>San Juan 28-4 Unit</u></p> <p>8. FARM OR LEASE NAME <u>San Juan 28-4 Unit</u></p> <p>9. WELL NO. <u>36</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Basin Dakota</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 29, T28N, R4W</u> <u>NMPM</u></p> <p>12. COUNTY OR PARISH    13. STATE <u>Rio Arriba</u>    <u>New Mexico</u></p>	
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7305' GL</u></p>	

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) <u>Well Name Change</u> <input checked="" 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.)\*

The name of this well has been changed from San Juan 28-4 Unit #36 to the San Juan 28-4 Unit NP #36.



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

SIGNED *A. P. Duce* TITLE Drilling Clerk DATE June 20, 1974

(This space for Federal or State office use)

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