

30-039-21017

F. Loc. 160/h; 120/h Elev. 6301 GL Spd. _____ Comp. _____ TD _____ PB _____

Casing S. _____ @ _____ W _____ Sx. Int. _____ @ _____ W _____ Sx. Pr. _____ @ _____ W _____ Sx. T. _____ @ _____
Csg. Perf. _____ Prod. Stim. _____ T _____

TRANS

I.P. _____ BO/D _____ MCF/D After _____ Hrs. SICP _____ PSI After _____ Days GOR _____ Grav. _____ 1st Del. _____ s _____ N
S

| TOPS | | NITD | X Well Log | TEST DATA | | | | | | |
|-----------------|--|-------|--------------|-----------|----|---|----|----|---|----------|
| Kirtland | | C-103 | Plat X | Schd. | PC | Q | PW | PD | D | Ref. No. |
| Fruitland | | C-104 | Electric Log | | | | | | | |
| Pictured Cliffs | | | C-122 | | | | | | | |
| Cliff House | | Ditr | Dfa | | | | | | | |
| Menefee | | Datr | Dac | | | | | | | |
| Point Lookout | | | | | | | | | | |
| Mancos | | | | | | | | | | |
| Gallup | | | | | | | | | | |
| Sanostee | | | | | | | | | | |
| Greenhorn | | | | | | | | | | |
| Dakota | | | | | | | | | | |
| Morrison | | | | | | | | | | |
| Entrada | | | | | | | | | | |
| | | | | | | | | | | |

NWU-3-530

152.86

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150 91 20 7 11 14 11 200

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078500

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 28-7 Unit

8. FARM OR LEASE NAME

San Juan 28-7 Unit

9. WELL NO.

200

10. FIELD AND POOL, OR WILDCAT

So. Blanco P. C.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T-28-N, R-7-W

N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1.

OIL
WELL ☐ GAS
WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1460'N, 820'W

14. PERMIT NO.

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

6301' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
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☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☒

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

REPAIRING WELL

☐
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☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

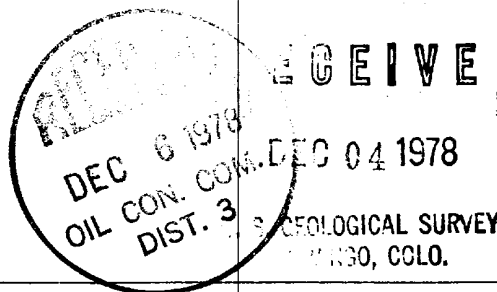
ABANDONMENT*

(Other)

(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.)*

Please rescind the Application for Permit to Drill this location.



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

SIGNED

H. B. Busco

TITLE

Drilling Clerk

DATE

11-30-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ok Enk

5+

*See Instructions on Reverse Side