

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

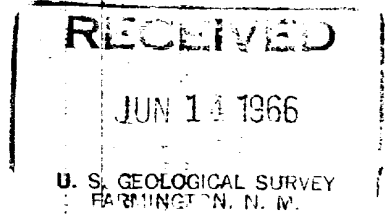
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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>5. LEASE DESIGNATION AND SERIAL NO. MM 03549</p>																				
<p>2. NAME OF OPERATOR El Paso Natural Gas Company</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>																				
<p>3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico</p>		<p>7. UNIT AGREEMENT NAME</p>																				
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 600'S, 800'W</p>		<p>8. FARM OR LEASE NAME Warren</p>																				
<p>14. PERMIT NO.</p>		<p>9. WELL NO. 8</p>																				
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5738' GL</p>		<p>10. FIELD AND POOL, OR WILDCAT Arctic Pictured Cliffs</p>																				
<p>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</p> <table border="0" style="width:100%;"> <tr> <td colspan="2" style="text-align:center">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align:center">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input checked="" type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table> <p align="center">(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>		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 checked="" 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) <input type="checkbox"/>		<p>11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-28-N, R-8-W N.M.P.M.</p>
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																				
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<p>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.)*</p>		<p>12. COUNTY OR PARISH Santa Juan</p>																				
<p>On 6-9-66 spudded well with cable tool rig and drilled 220' of surface hole. On 6-11-66 ran 7 joints 8 5/8", 24#, H-40 casing (210') set at 220' w/160 sacks regular cement, 1/4 cu. ft. Strata-Crete 6"/sk., & 1/8# floccs/sk. circulated to surface.</p>		<p>13. STATE New Mexico</p>																				



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

SIGNED Original Signed F. H. WOOD TITLE Petroleum Engineer DATE 6-14-66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

eral and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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