

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 01051

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></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>1460'N, 800'W</u></p> <p>14. PERMIT NO.</p>	<p>7. UNIT AGREEMENT NAME <u>Huerfano Unit</u></p> <p>8. FARM OR LEASE NAME <u>Huerfano Unit</u></p> <p>9. WELL NO. <u>255</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Angel Peak Gallup Ext.</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 31, T-27-N, R-9-W</u> <u>N.M.P.M.</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>San Juan</u> <u>New Mexico</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6412' GL</u></p>	

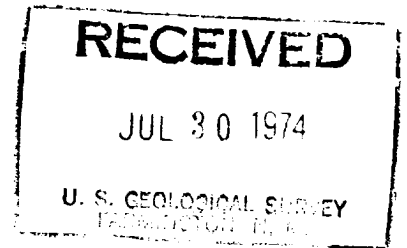
16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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"/>	

(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.)*

- 4-28-74 T.D. 6106'. Ran 187 joints. 4 1/2" 10.5#, K-55 production casing, 6093' set at 6106'. Float collar set at 6090', stage tool set at 2276'. Cemented first stage with 813 cu. ft. cement, second stage with 412 cu. ft. cement. WOC 18 hours. Top of cement at 1300'.
- 7-23-74 P.B.T.D. 6090'. Tested casing to 4000#, O.K. Perfed 5784', 5812', 5848', 5894', 5924', 5958', 5992', 6050' and 6054' with one shot per zone. Fraced with 96,000# 20/40 sand and 98,490 gallons treated water. Dropped no balls. Flushed with 3864 gallons water.



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

SIGNED M. J. Bises TITLE Drilling Clerk DATE July 24, 1974

(This space for Federal or State office use)

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

*See Instructions on Reverse Side