

F

Aug. 27, 1974

30-045-21540

F. Loc. 1530/S; BGS/V Elev. 6263 GL Spd. _____ Comp. _____ TD _____ PB _____Casing S. _____ W _____ Sx. Int. _____ S _____ W _____ Sx. Pr. _____ @ _____ W _____ Sx. T. _____
Csg. Perf. _____ Prod. Sim. _____T
R
A
N
S

I.P. _____ BO/D _____ MCF/D After _____ Hrs. _____ SICP _____ PSI After _____ Days GOR _____ Grav. _____ 1st Del. _____ \$ _____

TOPS		NITD	Well Log	TEST DATA							Ref. No.
Kirtland		C-103	Plot	Schd.	PC	Q	PW	PD	D		
Fruitland		C-104	Electric Log								
Pictured Cliffs			C-122								
Cliff House		Ditr	Dfa								
Menefee		Datr	Dac								
Point Lookout		150									
Mancos											
Gallup											
Sanostee											
Greenhorn											
Dakota											
Morrison											
Entrada											

P
O

L. H. Howell

L. H. Howell

No. 12

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078566-A
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1530'S, 885'W		8. FARM OR LEASE NAME Howell
14. PERMIT NO.		9. WELL NO. 12
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6263' GL		10. FIELD AND POOL, OR WILDCAT Undes. Chacra
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-28-N, R-8-W N.M. P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)			

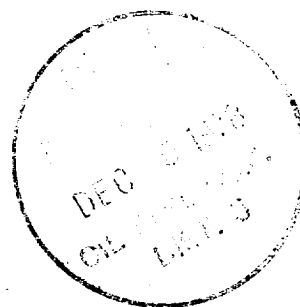
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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 M. D. Buiss

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 Frank

*See Instructions on Reverse Side