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<del></del>	TOPS	NITD	Х	Well Log		TEST D	АТА					
Kirtland	<del> </del>	C-103		Plat	X	Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland		C-104		Electric Log								
Pictured Cliffs				C-122					1	<del>                                     </del>		<del> </del>
Cliff House		Ditr		Dfa		<del></del>				<del> </del>	ļ	<del> </del>
Menefee		Date		Dac					<del>                                     </del>	<del> </del> -		
Point Lookout									<del> </del>	<del></del>	<del> </del>	<del>                                     </del>
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o c. t.acir yar	Co. 50 s	<u> </u>	R III U	Oper.	:		L	se. ¦¦∷ (	าเกิด	V.18	No.	2

Form 9-331 (May 1963)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

ALTERING CASING

ABANDONMENT\*

NM 01074'

0	,			
				_
	4 5 15	DEDODIC	ON WELLS	

	GLOCOTORLE SOLUTE	O WALLE				
	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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
-		7. UNIT AGREEMENT NAME				
1.	OIL GAS T	Huerfano Unit				
	WELL WELL OTHER	8. FARM OR LEASE NAME				
2	NAME OF OPERATOR	O. FARM OR LEASE MAME				
-	El Paso Natural Gas Company	Huerfano Unit				
<del>-</del>	ADDRESS OF OPERATOR	9. WELL NO.				
	Box 289, Farmington, New Mexico 87401	275				
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  800'S, 800'E	Basin Dakota  11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 36, T-27-N, R-11-  N. M. P. M.  12. COUNTY OR PARISH 13. STATE				
14	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	San Juan New Mexico				
	6489' GL	Sall Juan The W MEATEO				
16	Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data				
	NOTICE OF INTENTION TO:	JENT REPORT OF:				
	PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL				

(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.) \* (Other)

Please rescind the Application for Permit to Drill this location. A drilling site has been constructed on this location.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\* CHANGE PLANS



18. I hereby certify that the foregoing is true and correct SIGNED	TITLE _	Drilling Clerk	DATE11-30-78	
(This space for Federal or State office use)			DATE	٠.
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE .		DATE	<i>i</i> .

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F. Loc. 300/S; 300	/Ξ	Elev	400 at	Spd	c	omp		TD	F	рв	
Casing S : w Csg. Perf.											
BO D	Hrs. SIC	CP PSI	After	. Days GOR	G	rav		lst Del		\$	A N S
TOPS	NITD	Х	Well Log		TEST D	ATA					
Kirtland	C-103		Plat	Х	Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland	C-104		Electric Log								
Pictured Cliffs			C-122						1		
Cliff House	Ditr		Dfa								
Menefee	Datr		Dac					<u> </u>			<del> </del>
Point Lookout		<u>.</u>		-							<del> </del>
Mancos								<del>                                     </del>	<u> </u>		
Gallup											<del> </del>
Sanostee									<del> </del>		<del></del>
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Dakota											<del>                                     </del>
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El Paso Nat. Gas 70.

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