

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.

NM 03541

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hancock

9. WELL NO.

#7

10. FIELD AND POOL, OR WILDCAT

Angel Peak- Dakota

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

Sec. 30, T28N, R9W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P.O. Box 990, 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

1680'S, 1180'W, T28N, R9W, Sec. 30

14. PERMIT NO.

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

5937 DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☒

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

8/25 Pulled tubing, ran casing gauge, reran tubing, open ended with Guiberson  
Uni-packer VI with Type L on and off tool.

8/26 Set packer at 6268.90 with 8000# compression.

RECEIVED

SEP 3 1975

U. S. GEOLOGICAL SURVEY

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

SIGNED

TITLE Production Engineer

DATE 9/3/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side