

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 04209

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hancock A

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

So. Blanco Pictured Cliffs

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

Sec. 26, T-28-N, R-9-W
NMMPM

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 1450'N, 1740'E

14. PERMIT NO.

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

6025'GL

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 ☐

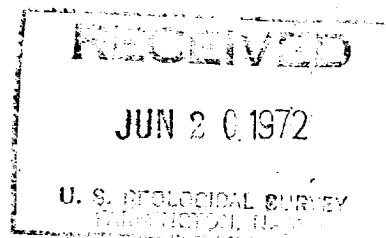
ABANDONMENT* ☐

(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.)*

6-17-72

Spud well. Drilled surface hole. Ran 4 joints 8 5/8", 24#, KS surface casing, 130' set at 143'. Cemented with 107 cu.ft. cement, circulated to surface. WOC 12 hours, held 600#/30 minutes.



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

SIGNED

[Signature]

TITLE

Petroleum Engineer

DATE

June 19, 1972

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side