

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

SF077107-A

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | | 8. FARM OR LEASE NAME Hancock B |
| 3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401 | | 9. WELL NO. 12 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1745'S, 840'W | | 10. FIELD AND POOL, OR WILDCAT Harris Mesa Chacra |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6030' GL | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-28-N, R-9-W N.M.P.M. |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE New Mexico |

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

NOTICE OF INTENTION TO:

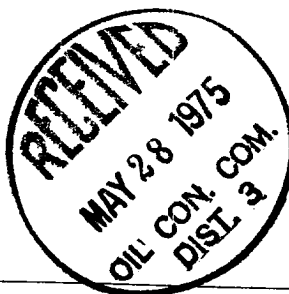
| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input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

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input checked="" type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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.) *
- 01-10-75 Tested surface casing, held 600#/30 minutes.
 - 01-14-75 TD 3345'. Ran 106 joints 2 7/8", 6.4#, J-55 production casing, 3333' set at 3345'. Baffle set at 3335'. Cemented with 660 cu. ft. cement. WOC 18 hours. Top of cement at 950'.
 - 05-20-75 Tested casing to 4000#--OK.
PBDT 3335'. Perf'd 3173-79', 3288-94', 3302-14' with 6 shots per zone. Frac'd with 30,000#--20/40 sand and 30,500 gallons treated water. Dropped 2 sets of 6 balls each. Flushed with 670 gallons water.



MAY 27 1975

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

SIGNED A. B. Lewis

TITLE Drilling Clerk

DATE May 23, 1975

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side