

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 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 990'S, 1190'W

7. UNIT AGREEMENT NAME
San Juan 29-7 Unit

8. FARM OR LEASE NAME
San Juan 29-7 Unit

9. WELL NO.
103

10. FIELD AND POOL, OR WILDCAT
Undes. Pictured Cliffs

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-29-N, R-7-W
NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6630'GL

12. COUNTY OR PARISH
Rio Arriba

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 type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

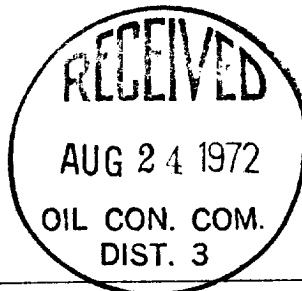
WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

8-1-72 T.D. 3404'. Ran 115 joints 2 7/8", 6.4#, J-55 production casing, 3392' set at 3404'. Baffle set at 3394'. Cemented with 322 cu. ft. cement. WOC 18 hours. Top of cement at 2400'.

8-19-72 PBSD 3394'. Perf'd 3302-22' with 36 shots per zone. Frac'd with 28,000# 10/20 sand and 28,100 gallons treated water. No ball drops. Flushed with 820 gallons.



U. S. GEOLOGICAL SURVEY
BUREAU OF OIL AND GAS
ALBUQUERQUE, N.M.

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

SIGNED H. Wood TITLE Petroleum Engineer DATE August 22, 1972

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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