

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved,  
Budget Bureau No. 12 R1424  
5. LEASE DESIGNATION AND SERIAL NO.

SE 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                        |  | 7. UNIT AGREEMENT NAME<br>San Juan 29-7 Unit                                              |
| 2. NAME OF OPERATOR<br>EL PASO NATURAL GAS COMPANY                                                                                                      |  | 8. FARM OR LEASE NAME<br>San Juan 29-7 Unit                                               |
| 3. ADDRESS OF OPERATOR<br>Box 990, Farmington, New Mexico 87401                                                                                         |  | 9. WELL No.<br>112                                                                        |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1150'S, 800'W |  | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota                                            |
| 14. PERMIT No.                                                                                                                                          |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 29, T-29-N, R-7-W<br>N. M. P. M. |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6326 GL                                                                                               |  | 12. COUNTY OR PARISH<br>Rio Arriba                                                        |
|                                                                                                                                                         |  | 13. STATE<br>New Mexico                                                                   |

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                                  |                                          |
|----------------------------------------------|-----------------------------------------------|--------------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input checked="" type="checkbox"/>     | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>         | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <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.) \*

8/9/77 T. D. 3277'. Ran 80 joints 7", 20#, K-55 intermediate casing, 3266' set at 3277'. Cemented with 288 cu. ft. cement. W.O.C. 12 hours, held 1200#/30 minutes. Top of cement at 2000'.

8/14/77 T. D. 7556'. Ran 186 joints 4 1/2", 10.5 & 11.6#, K-55 production casing, 7547' set at 7556'. Float collar set at 7547'. Cemented with 662 cu. ft. cement. WOC. 18 hrs. Top of cement at 3350'.

9/20/77 P.B.T.D. 7547'. Tested casing to 4000#, O.K. Perfed 7310, 7330, 7339, 7403, 7437, 7469, 7478, 7488, 7506' w/1 SPZ. Fraced with 118,000# 20/40 and 30,000# 10/20 sand and 80,000 gallons treated water. Flushed with 4500 gallons water.



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

|                                              |                             |                     |
|----------------------------------------------|-----------------------------|---------------------|
| SIGNED <u>N. H. Duceo</u>                    | TITLE <u>Drilling Clerk</u> | DATE <u>9/28/77</u> |
| (This space for Federal or State office use) |                             |                     |
| APPROVED BY _____                            | TITLE _____                 | DATE _____          |
| CONDITIONS OF APPROVAL, IF ANY:              |                             |                     |

RECEIVED

OCT 3 1977