

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

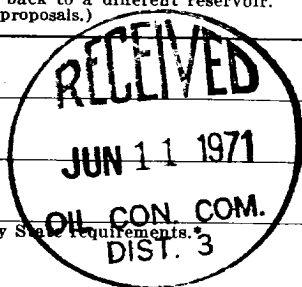
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078502	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990'N, 990'E		8. FARM OR LEASE NAME Vandewart A	
14. PERMIT NO.		9. WELL NO. 6 (OWWO)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6963' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-29-N, R-8-W N. M. P. M.	
		12. COUNTY OR PARISH San Juan	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 checked="" type="checkbox"/>
(Other) Squeeze	

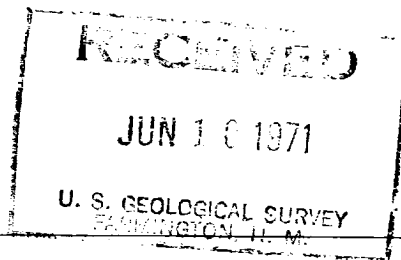
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

**On 5-25-71 cut off stuck tubing at 5352', pulled tubing and set cement retainer at 5141'.
5-26-71 Squeezed open hole w/150 sacks of cement. Perf. squeeze hole at 2795', set cement retainer at 2720', squeezed thru perforation w/125 sacks of cement.**

5-30-71 Sidetrack T.D. 6090'. Ran 189 joints 4 1/2", 19. 5# KS production casing (6077') set at 6090' w/125 sacks of cement. W.O.C. 18 hours.

5-31-71 P.B.T.D. 6076'. Perf. 5832-42', 5854-64', 5888-94', 5913-19', 5954-58', 5968-72', 5976-82', 6018-22', 6040-46' w/16 SPZ. Frac w/40 70,000# 20/40 sand, 64,596 gal. water, dropped 8 sets of 16 balls, flushed w/4200 gal. water. Pumped bridging ball to baffle at 5485', tested to 3500 psi O. K. Perf. 5266-80', 5356-70', 5410-24' w/28 SPZ. Frac w/40,000# 20/40 sand, 40,000 gal. water, dropped 2 sets of 28 balls, flushed w/3654 gal. water.



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

SIGNED Original Signed F. H. WOOD TITLE Petroleum Engineer DATE 6-8-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side