

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078414

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Day A
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico - 87401	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1180'S, 1100'E	10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA Sec. 7, T-29-N, R-8-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6348' GL	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 type="checkbox"/>
(Other) <input type="checkbox"/>	

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

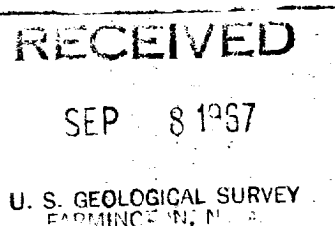
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On 8-4-67 spudded well, drilling surface hole.

On 8-5-67 ran 4 joints 8 5/8", 24#, J-55 casing (136') set at 146' w/105 sacks of cement circulated to surface. W.O.C. 12 hours, tested w/600#/30 Min. O. K.

On 8-8-67 T. D. 3128'. Ran 99 joints 2 7/8", 6.4#, J-55 casing (3128 3118') set at 3128' w/190 sacks cement. W.O.C. until completion.

On 9-6-67 P.B.T.D. 3117', tested casing to 4000# O. K. Perf. Pictured Cliffs 3002-14', 3022-30' w/16 SPZ. Frac w/30,000# 10/20 sand, 30,460 gal. water. Max. pr. 4000#, BDP 800#, tr. pr. 2500-2820-3800#. I.R. 26 BPM. Dropped 1 set of 18 balls, flushed w/1000 gal. water. ISIP 600#/30 Min 15#.



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

Original Signed By:

SIGNED

L. O. Van Ryan

TITLE

Petroleum Engineer

DATE

9-8-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE