Form 9-331 (May 1963) DEPA	UNITED STATES RTMENT OF THE INTE	SUBMIT IN TRIPLICAT (Other instructions en verse side)	Form approved. Budget Bureau No. 42-R142 5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			SF 078414
Use "API	OTICES AND REPORTS oroposals to drill or to deepen or plu PLICATION FOR PERMIT—" for sucl	ON WELLS g back to a different reservoir. h proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER ON WELL OF OPERATOR			7. UNIT AGREEMENT NAME
El Paso Natural Gas Company 3. Address of Operator			8. FARM OR LEASE NAME Day "A"
Box 990, Farmington, New Mexico 87401			9. WELL NO.
4. LOCATION OF WELL (Report locations also space 17 below.) At surface	ion clearly and in accordance with a	T ny State requirements.•	10. FULL AND POOL, OR WILDCAT
1740 1800 ' S, 1500' E			Indesignated PC 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T 29N, R 8W
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	NM DM
	6466' GL	, , , , , , , , , , , , , , , , , , , ,	12. COUNTY OR PARISH 13. STATE San Juan N. M.
^{16.} Check	Appropriate Box To Indicate	Natura of Nation Day	Od D
NOTICE OF I	NTENTION TO:	1	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMEST SHOOTING OR ACIDIZING (Other) Install TU (Note: Report result	REPAIRING WELL ALTERING CASING ABANDONMENT* Ibing Is of multiple completion on Well pletton Report and Log form.) s, including estimated date of starting any cal depths for all markers and
	es (3124.21') of 1 1/4	" tubing. Set at 313	s, including estimated date of starting any cal depths for all markers and zones perti-
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	REC		
	t e e e e e e e e e e e e e e e e e e e	3 1 1972	Maria San Cara Cara Cara Cara Cara Cara Cara Ca
	OIL COI	N. COM. T. 3	MAY 3 0 1972
		and the second	U. S. CECLOGICAL SURVEY FARMINGTON, N. M.
I hereby certify the for the source	Is true and coffeed	duction Engineer	
(This space for Federal or State o		duction Engineer	DATE May 23, 1972
APPROVED BY CONDITIONS OF APPROVAL, IF	ANY:	· · · · · · · · · · · · · · · · · · ·	DATE