

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hughes A

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs EXT.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T-29-N, R-8-W
NMPM

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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

1180'N, 1180'E

14. PERMIT NO.

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

6745'GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

11-30-72

Spudded well. Drilled surface hole.

12-1-72

Ran 5 joints 8 5/8", 24#, K-55 surface casing, 165' set at 175'.
Cemented with 107 cu.ft. cement, circulated to surface. WOC
12 hours, held 600#/30 minutes.



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

SIGNED

H. H. Wood

TITLE

Petroleum Engineer

DATE

December 5, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

