

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

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 | | 7. UNIT AGREEMENT NAME San Juan 30-4 Unit |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | | 8. FARM OR LEASE NAME San Juan 30-4 Unit |
| 3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, N.M. 87401 | | 9. WELL NO. 20 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FSL, 1550' FEL | | 10. FIELD AND POOL, OR WILDCAT E. Blanco Pictured Cliffs |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T30N, R4W N.M.P.M. |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7454' GL | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE New Mexico |

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

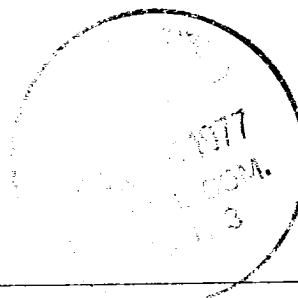
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input 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) Remedial work <input checked="" 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.)*

2-12-77 MOL & RU. Began pulling tubing and found it stuck. Freed tubing and pulled up. Went back in hole and tagged bottom at 4430', which was 55' above COTD of 4485'. Pulled 143 jts. tubing.

2-14-77 Ran gauge ring to 4200'. Ran Guiberson Uni-packer Mark VI on tubing w/10 jts. tailpipe packer, set at 4090'. End of tubing @4406'. Found fill @4416'.



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

SIGNED Charles W. H. [Signature]

TITLE Production Engineer

DATE 3-2-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____