

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hubbell

9. WELL NO.

1-Y

10. FIELD AND POOL, OR WILDCAT

Aztec P.-C.

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

1840S, 1840W, Sec. 7-  
29-10

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 990, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1840S, 1840W, Sec. 7, T29N, R10W

14. PERMIT NO.

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

5692' 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) installed tubing

REPAIRING WELL

ALTERING CASING

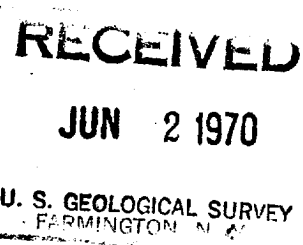
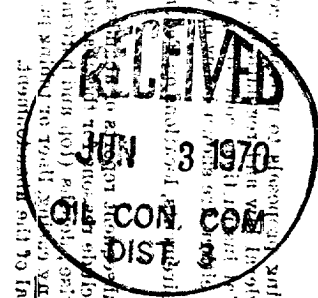
ABANDONMENT\*

X

(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.)\*

5-26-70 Installed 63 Jts. 1 1/4", 2.33 lbs. , JCW55, non-upset IJ 10R (2049.13') set at 2060.13'.



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

SIGNED

*T. B. Grant*

TITLE

Production Engineer

DATE

5-26-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE