

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on the
reverse side)

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

SF 078596

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Howell C

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Blanco PC

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

Sec. 18, T30N, R8W

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 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

2510'/S, 1270'/W

14. PERMIT NO.

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

6328' GR

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) change out tubing

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

8-20-76 Retired 96 joints 3043.31' 2 3/8" EUE tubing and ran 99 joints 3140.13
1 1/4" "IJ" J-55 tubing set at 3151.13'.

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

SIGNED

EB Grant

TITLE

Production Engineer

DATE

8-23-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

