

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.

SF 077092

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lackey A

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Undes. Chacra

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

Sec. 12, T-29-N, R-10-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1.

OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 99C, 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

850'S, 1550'E

14. PERMIT NO.

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

5871' G.L.

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

WATER SHUT-OFF ☒

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

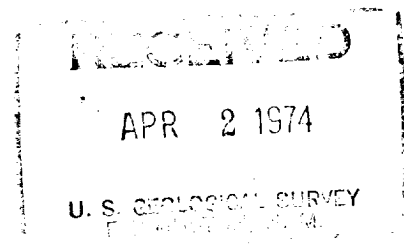
(Other) ☐

(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.)*

3/25/74: Spudded well. Drilled surface hole.

3/26/74: Ran 3 joints 8-5/8", 24# K-55 Surface casing,
123' set at 135'. Cemented with 112 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 A. J. Wilson

TITLE Drilling Clerk

DATE April 2, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side