

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.  
SF078197  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Nye	
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401		9. WELL NO. 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1800'N, 1500'W		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5780' GL	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-29-N, R-10-W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) <input type="checkbox"/>	(Other) <input type="checkbox"/>

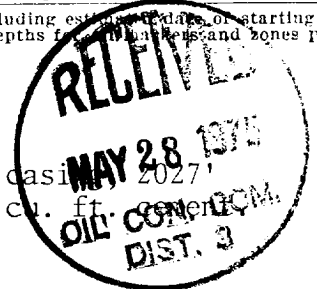
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated dates of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for wellbore and zones pertinent to this work.) \*

01-22-75 Tested surface casing; held 600#/30 minutes.

01-24-75 TD 2038'. Ran 70 joints 2 7/8", 6.4#, J-55 production casing set at 2038'. Baffle set at 2028'. Cemented with 334 cu. ft. WOC 18 hours. Top of cement at 775'.

05-19-75 Tested casing to 4000#--OK.  
PBTD 2027'. Perf'd 1982', 1983', 1984', 1993', 1994' with 1 shot per zone.  
Frac'd with 17,500#--20/40 sand and 18,100 gallons treated water. Dropped no balls. Flushed with 1550 gallons water.



MAY 27 1975

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

SIGNED H. P. Duess TITLE Drilling Clerk DATE May 22, 1975

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: