16.

SUBMIT IN TRIPLICATE Other instructions on re-UNITED STATES

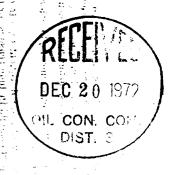
| | IENT OF THE INTERIOR verse side) EOLOGICAL SURVEY | NM 031686 |
|---|--|---|
| | CES AND REPORTS ON WELLS us to drill or to deepen or plug back to a different reserve TION FOR PERMIT-" for such proposals.) | G. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GAS X OTHER | | 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME |
| . NAME OF OPERATOR EL PASO NATURAL GAS CO | MPANY | Pritchard 9. WELL NO. |
| Box 990, Farmington, M | M early and in accordance with any State requirements. | 3 (OWWO) 10. FIELD AND POOL, OR WILDCAT |
| See also space 17 below.) At surface | eatly and in accordance with Day and the | Blence Th C 11. SEC., T., B., M., OR BI,K. AND SURVEY OR AREA |
| 1850/S, 1550/W, Sec. 3 | 4, T31N, R9W | Sec. 34, T31N, R9W |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| | 6168 GL | |

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

| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: | | | |
|---|---|--|--|--|
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (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.)*

12/12/72 Pulled rods and replaced bottom hole pump. Reran (138) 5/8" rods, (71) 3/4" rods, (1) 4' pony. Damaged three of the 71 3/4" rods and replaced same.



| 18. I hereby certify that the foregoing is true and correct | | | | |
|---|---------------------------|---------------|-------------|------|
| SIGNED Definit | TITLE Production Engineer | | DATE _12/12 | ·/72 |
| (This space for Federal or State office use) | | | • . | |
| APPROVED BY | TITLE | . | DATE | |