

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.

NM 0607

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Atlantic C

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Blanco P. C. Ext.

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

Sec. 35, T-31-N, R-10-W  
NMPM

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

PO Box 990, Farmington, NM 87401

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

See also space 17 below.)

At surface

900'S, 1620'E

14. PERMIT NO.

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

6497'GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

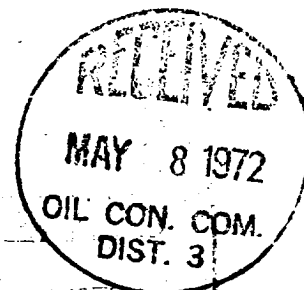
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(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

(Other) Permit to Drill extension

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.)\*

It is anticipated that the "Permit to Drill" will expire before this well can be spudded.  
Therefore, an extension is requested.



MAY 5 1972

U. S. GEOLOGICAL SURVEY

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

SIGNED

*H. B. Wood*

TITLE

Petroleum Engineer

DATE May 5, 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: