

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 078316-E

6. IF INDIAN, ALGOTTE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

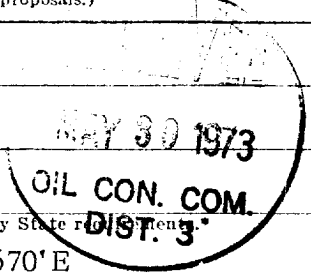
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL 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 regulations.
See also space 17 below.)
At surface 805'S, 1670'E



7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Riddle C

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Blanco Pictured Cliffs Ext.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-31-N, R-9-W
NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6489'GL

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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

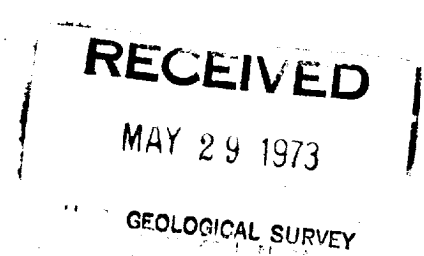
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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 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.)*

- 5-16-73 Tested casing, held 600#/30 minutes.
- 5-19-73 TD 3346'. Ran 107 joints 2 7/8", 6.4#, J-55 production casing, 3336' set at 3346'. Baffle set at 3336'. Cemented with 432 cu. ft. cement. WOC 18 hours. Top of cement at 1850'.
- 5-24-73 PBTD 3336'. Tested casing to 4000#-OK. Perf'd 3220-38' and 3248-58' with 30 shots per zone. Frac'd with 30,000# 10/20 sand and 23,814 gallons treated water. Dropped one set of 30 balls. Flushed with 880 gallons water.



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

SIGNED H. G. Drees TITLE Drilling Clerk DATE May 29, 1973

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: