

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.

SP 078504

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
EL PASO NATURAL GAS COMPANY

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
800'S, 850'W

14. PERMIT NO.

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

6976' GR

7. UNIT AGREEMENT NAME

SAN JUAN 32-9 Unit

8. FARM OR LEASE NAME

SAN JUAN 32-9 Unit

9. WELL NO.

80

10. FIELD AND POOL, OR WILDCAT

Undes. Pictured Cliffs

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

Sec. 25, T-32-N, R-10-W

12. COUNTY OR PARISH

N.M.P.M.

13. STATE

San Juan 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"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE 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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Recomplete in P.C.	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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

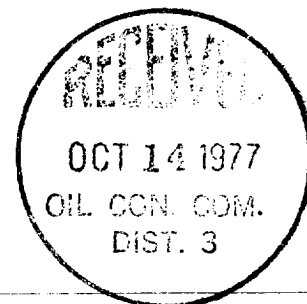
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. (If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent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

08/26/77 Squeezed Fruitland perforations 3460-3718' with 100 sks cement. W.O.C.

08/27/77 Squeezed perms w/100 sks cement. W.O.C.

08/29/77 Squeezed perms w/100 sks cement. W.O.C. Pressure tested to 4000#. Held OK.

10/04/77 Perfed Pictured Cliffs 3790-3802, 3812-22, 3830-56, 3852-60' w/12 SPZ. Fraced w/44,000# 10/20 sand and 43,120 gallons treated water. Dropped 3 sets of 12 balls each. Flushed with 930 gallons water.



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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 10/6/77

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 13 1977

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

*See Instructions on Reverse Side