

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.

SF 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  | 7. UNIT AGREEMENT NAME<br>San Juan 32-9 Unit  |  |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company   |  | 8. FARM OR LEASE NAME<br>San Juan 32-9 Unit   |  |
| 3. ADDRESS OF OPERATOR<br>PO Box 990, Farmington, NM 87401   |  | 9. WELL NO.<br>80   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface 800'S, 850'W |  | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Pictured Cliffs                            |  |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 23, T-32-N, R-10-W<br>NMPM |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6976' GL   |  | 12. COUNTY OR PARISH<br>San Juan  |  |
|  |  | 13. STATE<br>NM   |  |

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

NOTICE OF INTENTION TO:

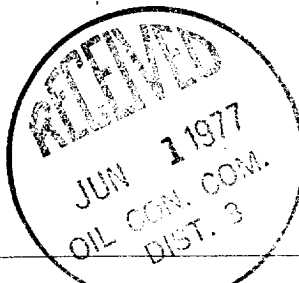
SUBSEQUENT REPORT OF:

|  |   |   |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/>                   | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>                        | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input 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) Recomplete in P.C. <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.)\*

This well was temporarily abandoned due to non-commercial production in 1975. It is now planned to recomplete in the Pictured Cliffs formation in the following manner:

Run tubing and cement retainer to 3500'.  
Squeeze below retainer with 100 sks. of cement. Leave cement on top of retainer. Squeeze lower 2 sets of perfs from 3680-3718' with 100 sks. cement.  
Pump 100 sks. cement down 2 7/8" casing. Displace cement. Squeeze top perfs from 3460-70' with 100 sks. cement. WOC 12 hours. Clean out to 3883'.  
Perforate and sandwater fracture the Pictured Cliffs formation.



RECEIVED

MAY 31 1977

U. S. GEOLOGICAL SURVEY

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

SIGNED W. P. Bures TITLE Drilling Clerk DATE May 27, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

*Okap*