UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATES

Form approved.

(Other instructions		PO-	Budget Bureau No. 42-K.
verse side)	ou	1 C-	A LEASE DESIGNATION AND SUBJECT
verse side)			Ute Mountain Tribal
			Die Wountarn Himar
			L MOO_C_1/12010625

	DEIAN	GEOLOGICAL S		TV Verse blacy	Uto MOO	e Mountai D-C-1420-	in Tribal -0625		
(Do not use t		OTICES AND R		N WELLS k to a different reservoir.	Ute	e Mountai	in Tribal		
OIL GAS WELL WEL	L D OTHER	R			7. UN	IT AGREEMENT	NAME		
2. NAME OF OPERATOR	R				8. FA	RM OR LEASE	NAME		
El Paso Natural Gas Company						Pinon Mesa			
3. ADDRESS OF OPERA					9. WI	LL NO.			
P. O. Box 99	0, Farmin	gton, NM 874			2		•		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						Basin Dakota			
1840'S, 1060'W						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-31-N, R-14-W N.M.P.M.			
14. PERMIT NO.		15. ELEVATIONS (S	show whether DF, R	r, GR, etc.)			ISH 13. STATE		
		5616'	GL		Sar	n Juan	New Mexico		
16.	Check	<u>`</u>		ture of Notice, Report					
	NOTICE OF IN	TENTION TO:	1	s	UBSEQUENT RE	PORT OF:			
TEST WATER SHU	T-OFF	PULL OR ALTER CASI	NG	WATER SHUT-OFF	X	REPAIRIN	G WELL		
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING	i:		
SHOOT OR ACIDIZE	E	ABANDON*		SHOOTING OR ACIDIZIN		ABANDON	MENT*		
REPAIR WELL		CHANGE PLANS		(Other)					
(Other)				(Note: Report Completion or R	results of mul	tiple completion	on on Well		
proposed work. nent to this wor	If well is dir k.) *	operations (Clearly statectionally drilled, give some state of the sta	subsurface location	details, and give pertinent is and measured and true	dates, includi vertical depth	ng estimated is for all mar	date of starting any kers and zones perti-		
01-01-75 R	- kan 6 join	ts 9 5/8", 32. u. ft. cement.	3#, H-40 s	eurface casing, ed to surface.					

Drilling Clerk

DATE .

TITLE __

(This space for Federal or State office use)

APPROVED BY ______ CONDITIONS OF APPROVAL, IF ANY:

Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

FOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Ute Mountain Tribal
MOO-C 1420-0625

		SEOLOGICAL SI	URVEY			0-0625
		ICES AND RE		ON WELLS r back to a different reservoir. proposals.)	G. IF INDIAN, ALL	OTTEE OR TRIBE NAME
1.			· · · · · · · · · · · · · · · · · · ·		7. UNIT AGREEME	NT NAME
WELL GAS WELL	, X OTHER					
2. NAME OF OPERATOR					8. FARM OR LEAS	
	atural Gas	Company			Pinon Mes.	<u>a</u>
3. ADDRESS OF OPERA		naton NM C	37401		2	_
	990, Farmi			ny State requirements.*	10. FIELD AND PO	OL. OR WILDCAT
See also space 17 l At surface		Basin Dak	•			
					11. SEC., T., R., M	, OR BLK. AND
1840'S, 1	060'W				Sec. 25.	T-31-N, R-14-W
•					N.M.P.M.	1 01 11, 11 11 11
14. PERMIT NO.		15. ELEVATIONS (She	ow whether	DF, RT, GR, etc.)	12. COUNTY OR P.	ARISH 13. STATE
		5616'	GL		San Juan	New Mexico
16.	Check A	opropriate Box To	Indicate	Nature of Notice, Report, o	or Other Data	
	NOTICE OF INTER	STION TO:		SUB	SEQUENT REPORT OF:	
TEST WATER SHU	r-off	PULL OR ALTER CASING	c	WATER SHUT-OFF	X REPAIR	ING WELL
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	_X ALTERI	NG CASING
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDO	ONMENT*
REPAIR WELL		CHANGE PLANS		(Other)(Note: Report res	sults of multiple comple	etion on Well
(Other)	OR COMPLETED OF	PUTIONS (Clearly stat	e all pertin	ent details, and give pertinent de	ompletion Report and L	
01-16-75	6301'. F1 Cemented f	oat collar se irst stage w	et at 6 ith 315	/2", 10.2#, J-55 pro 2285'. Stage tool so 5 cu. ft. cement, sec cu. ft. cement. WOO	et at 4275' an cond stage wit	d 1551'. h 414 cu. ft.
01-17-75	6176', 620	2', 6208' wit	th 1 sh	o 4000#OK. Perf'd not per zone. Frac'd nter. Dropped no ba	d with 50,000# lls. Flushed	40/60 sand
				JA u. s. G	N 2 4 1975 FOLCGICAL SURVEY	The second secon
18. I hereby certify t	11 33	•	···		-2	
SIGNED /:	9. Du	red	TITLE	_Drilling_Clerk	DATE	lanuary 23, 197.
(This space for F	ederal or State off	lce use)				
APPROVED BY _			TITLE		DATE	
CONDITIONS OF	APPROVAL, IF	ANY:				