

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R-1424.

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		5. LEASE DESIGNATION AND SERIAL NO. SF078604
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401		7. UNIT AGREEMENT NAME Scott
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 800'N, 1500'W		8. FARM OR LEASE NAME 11
14. PERMIT NO.		9. WELL NO. Undes. PC
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6007' GL		10. FIELD AND POOL, OR WILDCAT Undes. PC
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-31-N, R-10-W N.M.P.M.
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) _____	

(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.) *

08-26-75 TD 2996'. Ran 95 joints 2 7/8", 6.4#, J-55 production casing, 2985' set at 2996'. Baffle set at 2985'. Cemented with 754 cu. ft. cement. WOC 18 hours. Top of cement at 700'.

09-25-75 Tested casing to 4000#--OK.
PBTD 2985'. Perf'd 2810', 2814', 2816', 2818', 2844', 2852', 2858', 2864', 2870' with 9 holes. Frac'd with 55,000#--20/40 sand and 52,500 gallons treated water. Dropped no balls. Flushed with 700 gallons water.

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

SIGNED M. D. DuesTITLE Drilling ClerkDATE September 29, 1975

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side