

Scott #2R

G-31-32N-10W

El Paso Natural Gas Company

F API 30-045-22394 3-21-77

F. Loc. 1500/N; 1790/E Elev. 6155 GL Spd. Comp. TD PB

Casing S. Sx. Int. W Sx. Pr. W Sx. T R A N S
Csg. Perf. Prod. Stim.

BO/D		MCF/D After		Hrs.	SICP	PSI After	Days GOR	Grav.	1st Del.	TEST DATA		Ref. No.	
TOPS		NITD	X	Well Log	Schd.	PC	Q	PW	PD	D	Ref. No.		
Kirtland		C-103		Plot	X								
Fruitland		C-104		Electric Log									
Pictured Cliffs				C-122									
Cliff House		Ditr		Dfa									
Menefee		Datr		Dac									
Point Lookout													
Mancos													
Gallup													
Sanostee													
Greenhorn													
Dakota													
Morrison													
Entrada													
E/318.46													

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Scott

9. WELL NO.

2R

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

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

Sec. 31, T-32-N, R-10-W
N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 289, Farmington, New Mexico 87401

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

1500'N, 1790'E

14. PERMIT NO.

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

6155' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

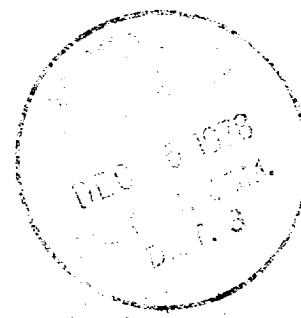
ABANDONMENT*

(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.)*

Please rescind the Application for Permit to Drill this location.



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

SIGNED

D. D. Enaco

TITLE

Drilling Clerk

DATE

11-30-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ok Enaco