

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other instructions  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 054667

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gregory Federal

9. WELL NO.

Y-2

10. FIELD AND POOL, OR WILDCAT

Crosby Devonian

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

Sec 33, T-25-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

## 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 P & A	
2. NAME OF OPERATOR El Paso Natural Gas Company	
3. ADDRESS OF OPERATOR 1800 Wilco Building Midland, Texas 79701	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  760' FNL & 1650' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3002 GR

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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"/>	

## 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 checked="" type="checkbox"/>
(Other) <input 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.)\*

Moved on location and rigged up plugging unit. Installed BOP. Ran tubing, set retainer @ 6685', could not pump thru retainer. Stung out of retainer and loaded hole with gel mud. Spotted 20 sacks C1 "H" cement (Top of cmt. 6540). Cut casing @ 5350' would not pull free, spotted 50 sacks C1 "H" cement (Top of cmt 5075). Cut 7" casing @ 3680 recovered 99 jts 3687.13'. Spotted 75 sacks C1 "H" cement across stub. Spotted 75 sacks "Thix-Mix" top @ 3515'. Broke circulation with gel mud. Spotted 40 sacks cmt top @ 2388'. Spotted 40 sacks cmt @ 993'. Spotted 40 sacks cmt to surface. Cut off wellhead and rigged down unit. Erected dry hole marker. We estimate location will be ready for final inspection about Jan 20, 1977. Geological Survey will be notified when clean-up is completed.

P+ABD. 8-28-76

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

SIGNED C. C. GoodwinTITLE Supervisor of Prod. Svs.DATE 1/13/77

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side