Form 9-331 (May 1963)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

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٠.	LEASE	DESIGN.	ATION	AND	SERIA	ш ж о.

REPAIRING WELL

ALTERING CASING

	SF 078922			
SUNDR (Do not use this form	6. IF INDIAN, ALLOTTEE OR THIBE NAME			
1.		7. UNIT AGREEMENT NAME		
WELL GAS WELL	Canyon Largo Unit			
2. NAME OF OPERATOR	8. FARM OR LEASE NAME			
El Paso Natura	Canyon Largo Unit			
P. O. Box 990,	222			
4. LOCATION OF WELL (Repot See also space 17 below.) At surface	rt location clearly and in accordance with any State requirements.*	Ballard Pictured Cliffs 11. SEC., T., R., M., OR BLK. AND SURVEY OR AERA		
	Sec. 3, T24N, R7W			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
	6961' GL	Rio Arriba New Mexico		
16.	Check Appropriate Box To Indicate Nature of Notice, Report,	or Other Data		
NOTI	BSEQUENT REPORT OF:			

er) Ran tubing (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) CHANGE PLANS REPAIR WELL (Other) 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.)*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Ran 76 jts. of 1 1/4" IJ non-upset (2455.61') set at 2452.61'. 9 - 3 - 76



18. I hereby certify that the foregoing is true and correct			
SIGNED waren w Fathergell	TITLE _	Production Engineer	DATE 9-7-76
(This space for Federal or State office use)			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE