

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078884

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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  GAS WELL  OTHER

7. UNIT AGREEMENT NAME  
Canyon Largo Unit

2. NAME OF OPERATOR  
El Paso Natural Gas Company

8. FARM OR LEASE NAME  
Canyon Largo Unit

3. ADDRESS OF OPERATOR  
Box 990, Farmington, New Mexico 87401

9. WELL NO.  
229

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

10. FIELD AND POOL, OR WILDCAT  
So. Blanco Pictured Cliffs  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 14, T-25-N, R-6-W  
NMPM

1630'S, 1140'E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6527'GL

12. COUNTY OR PARISH 13. STATE  
Rio Arriba New Mexico

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

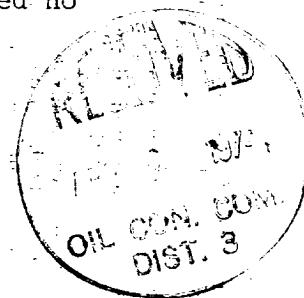
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

11-18-73 Tested surface casing; held 600#/30 minutes.

11-20-73 T.D. 2644'. Ran 86 joints 2 7/8", 6.4#, J-55 production casing, 2634' set at 2644'. Baffle set at 2634'. Cemented with 225 cu.ft. cement. WOC 18 hours. Top of cement at 2075'.

4-5-74 Tested casing to 4000#-OK.  
PBD 2634'. Perf'd 2554-72' with 18 shots per zone. Frac'd with 26,000# 10/20 sand and 26,318 gallons treated water. Dropped no balls. Flushed with 630 gallons water.



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

SIGNED W. D. Luce TITLE Drilling Clerk DATE 4-9-74

(This space for Federal or State office use)

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

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