

**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.

SF078878

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.)

7. UNIT AGREEMENT NAME

Canyon Largo Unit

8. FARM OR LEASE NAME

Canyon Largo Unit

9. WELL NO.

173

10. FIELD AND POOL, OR WILDCAT

Ballard P. C.

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

Sec. 28, T-25-N, R-7-W  
N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
El Paso Natural Gas Company

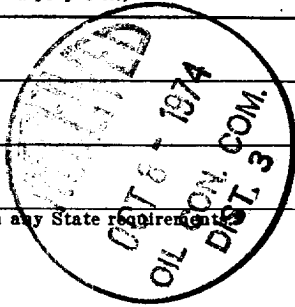
3. ADDRESS OF OPERATOR  
P. O. Box 990, Farmington, NM 87401

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

990'W, 800'E

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

6931' GL



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)             |                          |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                                     |                 |                          |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input checked="" 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)               |                                     |                 |                          |

(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.)\*

- 08-13-74 Tested surface casing; held 600#/30 minutes.
- 08-17-74 TD 2689'. Ran 99 joints 2 7/8", 6.4#, J-55 production casing, 2678' set at 2689'. Baffle set at 2678'. Cemented with 247 cu. ft. cement. WOC 18 hours. Top of cement at 1325'.
- 10-03-74 Tested casing to 4000#--OK. PBTD 2678'. Perf'd 2558-64', 2572-90', 2610-16' with 6 shots per zone. Frac'd with 40,000# 10/20 sand and 40,368 gallons treated water. Dropped 2 sets of 6 balls each. Flushed with 714 gallons water.

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

SIGNED A. G. Duice TITLE Drilling Clerk DATE October 4, 1974

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side