

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42-R1424

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		7. UNIT AGREEMENT NAME San Juan 27-4 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 27-4 Unit
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		9. WELL NO. 70
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1550'S, 990'W		10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 4, T-27-N, R-4-W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7164'GL		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

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

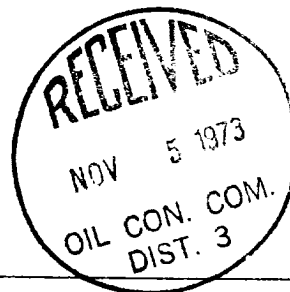
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

9-23-73 TD 4361'. Ran 138 joints 7", 23# and 20#, KS intermediate casing, 4347' set at 4361'. Cemented with 188 cu. ft. cement. WOC 12 hours, held 1200#/30 min. Top of cement at 3800'.

9-29-73 TD 8535'. Ran 277 joints 4 1/2", 11.6 and 10.5#, N-80 and K-55 production casing, 8522' set at 8535'. Float collar set at 8527'. Cemented with 628 cu. ft. cement. WOC 18 hours. Top of cement at 2950'.

10-22-73 PBTD 8527'. Tested casing to 4000#-OK. Perf'd 8300', 8336', 8368', 8396', 8398', 8446', 8448', 8476' and 8478' with one shot per zone. Frac'd with 100,000# 40/60 sand and 89,500 gallons treated water. No ball drops. Flushed with 5700 gallons water.



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

SIGNED [Signature]

TITLE Drilling Clerk

DATE November 1, 1973

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NOV 2 1973

*See Instructions on Reverse Side

GEOLOGICAL SURVEY