

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 080670
2. NAME OF OPERATOR El Paso Natural Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME S. J. 27-4 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1825'/S 1460'/E	8. FARM OR LEASE NAME S. J. 27-4 Unit
14. PERMIT NO.	9. WELL NO. 89
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6727' GL	10. FIELD AND POOL, OR WILDCAT Tapacito P. C.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T27N, R4W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE N.M.

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 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.)*

4/24/74 Test surface casing; held 600#/30 minutes.

4/28/74 T.D. 3708'. Ran 120 jts. 2-7/8", 6.4#, J-55 production casing, 3697' set at 3708'. Baffle set at 3697'. Cemented with 233 cu. ft. cement. WOC 18 hours. Top of cement at 2650'.

6/4/74 Test casing to 4000# - OK.
P.B.T.D. 3697. Perfd. 3560-84, 3604-28' with 24 SPZ. Fraced with 60,000# 10/20 sand and 60,042 gallons treated water. Dropped 1 set of 24 balls. Flush with 882 gallons water.

JUN 7 1974

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

SIGNED A. G. DuisesTITLE Drilling ClerkDATE June 6, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side