

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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. SE078972	
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 San Juan 28-7 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 860'S, 1840'E		8. FARM OR LEASE NAME San Juan 28-7 Unit	
14. PERMIT NO.		9. WELL NO. 196	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6618' GL		10. FIELD AND POOL, OR WILDCAT South Blanco P. C.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-27-N, R-7-N.M.P.M.	
		12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 T. D. 3335'. Ran 123 joints 2 7/8", 6.4#, J-55 production casing, 3323' set 3335'. Baffle set at 3324'. Cemented with 419 cu. ft. cement. WOC 18 hours. Top of cement at 800'.

09-10-74 Tested casing to 4000#--OK. PBDT 3324'. Perf'd 3162-78', 3194-3210' with 12 shots per zone. Frac'd with 46,000# 10/20 sand and 45,410 gallons treated water. Dropped 1 set of 12 balls. Flushed with 780 gallons water.

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

SIGNED *A. J. Busco* TITLE Drilling Clerk DATE September 10, 19

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: