

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078014

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Huerfano Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Huerfano Unit
3. ADDRESS OF OPERATOR Box 990, Farmington, NM 87401	9. WELL NO. 254
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1800'S, 800'E	10. FIELD AND POOL, OR WILDCAT Angel Peak Gallup Ext
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6574' GL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-26-N, R-10-W N.M.P.M.
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

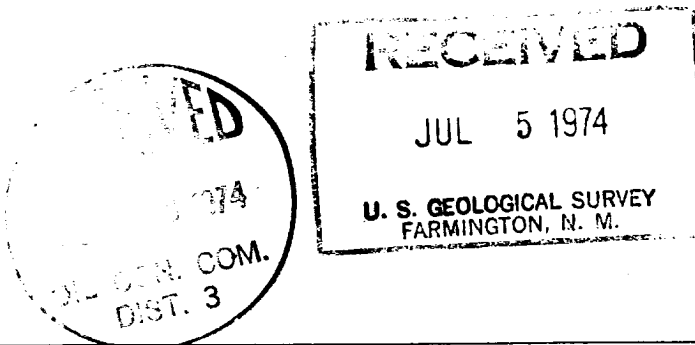
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) <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.) *

2-13-74 T. D. 6086. Ran 189 joints 4 1/2" 10.5#, K-55 prod. casing; 6072' set at 6086'. Float collar set at 6070'. Stage tool set at 2333'. Cemented first stage with 660 cu. ft. cement; second stage with 352 cu. ft. cement. WOC 18 hours. Top of cement at 1000'.

6-30-74 PBTD 6070'. Tested casing to 4000#-OK Perfd 5623', 5656', 5704', 5756', 5848', 5872', 5934', 5968', 6004', 6038', and 6044' with one shot per zone. Frac'd with 120,000# 20/40 sand and 119,280 gallons treated water. Dropped no balls. Flush with 4800 gallons water.



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

SIGNED A. B. Buices TITLE Drilling Clerk DATE July 2, 1974

(This space for Federal or State office use)

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