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. UN OIL GAS WELL A OTHER 2. NAME OF OPERATOR E1 PRSO Natural Gas Company 3. Address of Operator P. O. Box 990, Farmington, N. M. 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10. F. 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6388' G. L. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Description of Intention to: SCHESCEURENT RE PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREATMENT PULL OR ALTER CASING MATER SHUT-OFF FRACTURE TREATMENT	Form approved. Budget Bureau No. 4 SE DESIGNATION AND SER	
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(Other) (Note: Report results of mul Completion or Recompletion R		
17. DESCRIBE PROPOSED OR COMPLETED OPERATICNS (Clearly state all pertinent details, and give pertinent diates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true wertical depth ment to this work.) *	s for all markers and zo	ncs perti-
3-29-72: Installed 93 joints (3015.33 feet) of 1-1/4", 2.4 1 10 Rnd, I.J. tubing. Set at 3023 feet.	b.,/ft.,	·
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OIL CON CONST. 3	com.	

TITLE ___

(This space for Federal or State office us:)

APPROVED BY _____CONDITIONS OF APPROVAL, IF ANY:

Production Engineer DATE April 5, 1972

DATE ___