

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078771

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Rosa Unit
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
El Paso Natural Gas Company	Rosa Unit
PO Box 990, Farmington, NM 87401	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990'N, 990'E	5
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Blanco Mesa Verde
6304'GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 26, T-31-N, R-6-W
	NMPM
	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"/>	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"/>	

Status & Intentions

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input 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.)*

This well has never produced commercially and is shut-in. The well will be investigated for a casing leak, and if it has one, abandonment will be recommended. If the well does not have a casing leak, it is intended to maintain the well in the shut-in status for possible future workover and/or production in the event it becomes economically feasible.

* operator change From ~~Pac. Fire Northwest~~
Colorado Oil & Gas Corporation

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

SIGNED _____ TITLE Petroleum Engineer DATE November 17, 1971

(This space for Federal or State office use)

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

*See Instructions on Reverse Side