

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-B4424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080597

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GARTNER

9. WELL NO.

1A

10. FIELD AND POOL, OR WILDCAT

BLANCO MESA VERDE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 28, T-30-N, R-8-W

NMPM

12. COUNTY OR PARISH | 13. STATE

San Juan

New Mexico

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
EL PASO NATURAL GAS CO.

3. ADDRESS OF OPERATOR
BOX 990, FARMINGTON, NEW MEXICO 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1170'N, 1840'W

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6191' GL

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.)*

- 9/22/77 T.D. 3296'. Ran 80 joints 7", 20#, KS intermediate casing, 3285' set at 3296'. Cemented with 345 cu.ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of cement at 2250'.
- 9/25/77 T.D. 5579'. Ran 74 joints 4 1/2", 10.5#, K-55 casing liner, 2436' set 3143-5579'. Float collar set at 5562'. Cemented with 425 cu. ft. cement. WOC 18 hours.
- 10/16/77 PBTD 5562'. Tested casing to 4000#, OK. Perfed C.H. - Men. 4595, 4679, 4684, 4689, 4694, 4699, 4704, 4709, 4726, 4744, 4815, 4835, 4847, 4865, 4880' w/ 1 SPZ. Fraced with 50,000# 20/40 sand and 52,122 gallons water. Flushed with 6426 gallons water. Perfed Upper P.L. 5005, 5025, 5034, 5042, 5061, 5072, 5080, 5134, 5138, 5142, 5146, 5163, 5167, 5171, 5175, 5191, 5195, 5199, 5214, 5219, 5235, 5259, 5266, 5275, 5295, w/ 1SPZ. Fraced with 80,000# 20/40 sand and 82,110 gallons water. Flushed with 7056 gal. water. Perfed Lower P.L. 5364-73, 5390-5400, 5411-23, 5434-45, 5500-16, 5526-34' w/16 SPZ. Fraced with 50,000# 20/40 sand and 50,064 gallons water. Dropped 5 sets of 16 balls each. Flushed with 6804 gal. water.

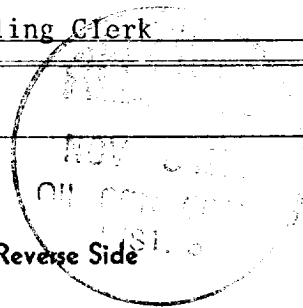
18. I hereby certify that the foregoing is true and correct

SIGNED *A. J. Buico* TITLE Drilling Clerk DATE 11/3/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



NOV 4 1977

*See Instructions on Reverse Side