

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved,  
Budget Bureau No. 42 R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

SF 078039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barnes

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

~~Wade~~ Sec Pictured Cliffs ~~et.~~

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

Sec. 27, T-32-N, R-11-W

NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 1500'N, 850'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6470'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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

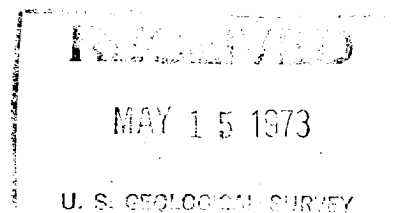
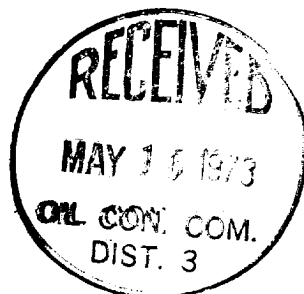
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

12-28-73 Tested surface casing, held 600#/30 minutes.

1-1-73 T.D. 3340'. Ran 111 joints 2 7/8", 6.4#, JS production casing, 3329' set at 3340'. Baffle set at 3330'. Cemented with 535 cu. ft. cement. WOC 18 hours. Top of cement at 2550'.

5-11-73 PBTD 3330'. Tested casing to 4000#-OK. Perf'd 3210-40' with 30 shots per zone. Frac'd with 28,000# 10/20 sand and 29,190 gallons treated water. No ball drops. Flushed with 798 gallons water.



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

SIGNED

*A. G. Duess*

TITLE

Drilling Clerk

DATE

May 15, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: