

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

5. LEASE DESIGNATION AND SERIAL NO.

SF 079381

6. IF INDIAN, ALLOTTEE OR TRIBE, NAME

7. UNIT AGREEMENT NAME

San Juan 32-8 Unit

8. FARM OR LEASE NAME

San Juan 32-8 Unit

9. WELL NO.

36

10. FIELD AND POOL, OR WILDCAT

North Los Pinos Fruitland

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

Sec. 25, T32N, R8W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

14. PERMIT NO.

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

7003' CR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

11-15-76 Tested casing to 4000 PSI, held OK. Ran GR-CCl and perfed from 3773' to 3829' w/7 shots. Pumped 500 gal. 15% HCl w/14 ball sealers. Fraced w/40,000 gal. water and 35,000# 20/40 sand. Shut well in for test.

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

SIGNED

D. H. Maroncelli
D. H. Maroncelli

Production Engineer

DATE 11-16-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: