

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42 R142

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 013688	
2. NAME OF OPERATOR EL PASO NATURAL GAS CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR BOX 990, FARMINGTON, NEW MEXICO 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1070'N, 925'W		8. FARM OR LEASE NAME ATLANTIC	
14. PERMIT NO.		9. WELL NO. 4A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6408' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-31-N, R-10-W NMPM	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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"/>		<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"/>		<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.)\*

8/5/77: T.D. 3544'. Ran 86 joints 7", 20#, K-55 intermediate casing, 3532' set at 3544'. Cemented with 510 cu.ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of cement at 1600'.

8/8/77: T.D. 5818'. Ran 61 joints 4 1/2", 10.5#, K-55 casing liner, 2455' set 3363-5818'. Float collar set at 5802'. Cemented with 423 cu.ft. cement. WOC 18 hours.

10/28/77: PBTD 5802'. Tested casing to 3500#, OK. Perfed C.H. & Men. 4701, 4745, 4936, 4942, 4948, 4953, 4958, 4973, 4979, 5000, 5013, 5072, 5081, 5177, 5184, 5241, 5247, 5259, 5266, 5274, 5281, 5288' w/1 SPZ. Fraced with 75,000# 20/40 sand and 85,000 gallons water. Flushed with 6700 gallons water. Perfed P.L. 5356, 5362, 5368, 5374, 5380, 5394, 5399, 5415, 5423, 5430, 5456, 5462, 5468, 5474, 5516, 5522, 5542, 5551, 5562, 5604, 5678, 5698, 5730 w/ 1 SPZ. Fraced with 75,000# 20/40 sand and 80,000 gallons water. Flushed w/7200 gal. water.

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

SIGNED D. B. Bisco

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE

NOV 4 1977