

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>El Paso Natural Gas Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 990 Farmington, New Mexico</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>990 N, 990 W</u></p> <p>14. PERMIT NO. _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>SF 078882</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME <u>Canyon Largo Unit</u></p> <p>8. FARM OR LEASE NAME <u>Canyon Largo Unit</u></p> <p>9. WELL NO. <u>37</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Ballard P.C.</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>N.M.P.M.</u></p> <p>12. COUNTY OR PARISH <u>Sec. 19 T 25 N. R 6 W</u></p> <p>13. STATE <u>Rio Arriba New Mexico</u></p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6883 DF</u></p>
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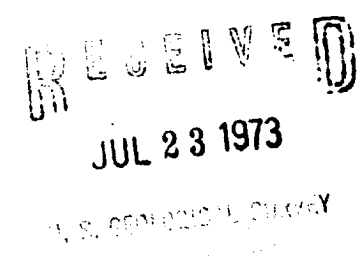
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Tubing Replacement</u> <input checked="" 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.)*

6-8-73 Pulled 89 juts. & 2-10' pups of 2-7/8" tbg. All jts appear in very good condition. Ran 85 jts. of 1-1/4" 2.4# W.P.55 NU IJ 10rd. Wheeling tbg. Btm. jus. perf'd 10' w/2 -1/4" holes / ft w/tbg. stop welded above top perf. Tagged btm. @ 2856' DF, 56' below btm. perf. Ran a total of (2799.01') Landed @ 2806.01. Perfs. 2772-2800.



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

SIGNED Allen J. Forest TITLE Production Engineer DATE July 12, 1973

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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