

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.

Contract No. 67

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 67

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Otero Chacra

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

Sec. 20, T-25-N, R-5-W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

1650' S, 1650' E

14. PERMIT NO.

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

6671' DF

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) Tubing Installation

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.)\*

8-2-73 Ran 110 jts. 1-1/4", 2.30#, WP55, JU, IJ, 10rd. Wheeling tubing. Tagged btm. @ 3660; DF. Btm. 10 perf. w/2-1/4" holes/ft. & w/piston stop welded above top perf. Tbg. string (3608.29') landed @ 3617.29'. Released rig.



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

SIGNED

*A. J. Leland*

TITLE

Production Engineer

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side