UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

SF 078885

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OIL WELL ☐	GAS WELL ☒	OTHER

7. UNIT AGREEMENT NAME

Canyon Largo Unit

2. NAME OF OPERATOR

El Paso Natural Gas Company

8. FARM OR LEASE NAME

Canyon Largo Unit

3. ADDRESS OF OPERATOR

PO Box 4289, Farmington, NM 87499

9. WELL NO.

201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface   1840'S, 1775'E

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BUREAU OF LAND

10. FIELD AND POOL, OR WILDCAT

So.Blanco Pic.Cliffs

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

Sec.3, T-25-N, R-3-W, NMPM

14. PERMIT NO.

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

6778' GL

12. COUNTY OR PARISH: Rio Arriba

13. STATE: NM

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☒	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) _____	
(Other) _____		(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.)*

Request approval to set Baker Model "C" retrievable packer at about 2700' on 1 1/4" IJ tubing to shut off suspected casing failure. Try to return well to commerical production.

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OIL CON. DIV
DIST. 3

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

SIGNED _____   TITLE Production Engineer   DATE August 17, 1984

APPROVED

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side