

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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.)

| | | |
|--|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. |
| 2. NAME OF OPERATOR EL PASO NATURAL GAS COMPANY | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE Tract # 20, Cont. # 12 |
| 3. ADDRESS OF OPERATOR BOX 990, FARMINGTON, NEW MEXICO 87401 | | 7. UNIT AGREEMENT NAME JICARILLA |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1600'N, 940'E | | 8. FARM OR LEASE NAME JICARILLA "P" |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6617'DF | | 10. FIELD AND POOL, OR WILDCAT BALLARD PICTURED CLIFFS |
| | | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 28, T-24-N, R-5-W NMPM |
| | | 12. COUNTY OR PARISH RIO ARRIBA |
| | | 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 type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | TUBING REPLACEMENT | <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.)*

6-20-73 Tagged Btm. @ 2278' DF (8' below btm. perf.) Pulled 66 jts. of 2-3/8" tbg. All jts. appear in very good condition. Ran 68 jts. of 1-1/4" 2.3# WP55 NU IJ Wheeling tbg. Btm 10' perf'd w/2-1/4" holes/ ft. w/ piston stop welded above top perf. Total of (2235.66') landed @ 2245.66'. Perfs 2218-2270.

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

SIGNED Alta J. Islet TITLE Production Engineer DATE July 19, 1973

(This space for Federal or State office use)

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