



F

30-039-20717

8-1-73

F. Loc. 1050/S; 800/W Elev. 6797 GL Spd. Comp. TD PB

Casing S. W Sx. Int. W Sx. Pr. W Sx. T. Prod. Stim.

T  
R  
A  
N  
S

B.O.D.		MCF/D After		Hrs.	SICP	PSI After	Days GOR	Grav.	1st Del.	\$				
TOPS		NITD	X	Well Log		TEST DATA								
Kirtland		C-103		Plat	X	Schd.	PC	Q	PW	PD	D	Ref. No.		
Fruitland		C-104		Electric Log										
Pictured Cliffs				C-122										
Cliff House		Ditr		Dfa										
Menefee		Datr		Dac										
Point Lookout		160												
Mancos														
Gallup														
Sanostee														
Greenhorn														
Dakota														
Morrison														
Entrada														

P  
O  
O

Ballard PC Co. RA S 23 T 25N R 7W U M Oper. EPNG Co.

Lse. Canyon Largo U No. 191

Canyon Largo Unit #191

M-23-25N-7W

El Paso Natural Gas Co.

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.

SF 078879

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Canyon Largo Unit

8. FARM OR LEASE NAME

Canyon Largo Unit

9. WELL NO.

191

10. FIELD AND POOL, OR WILDCAT

Ballard P. C.

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

Sec. 23, T-25-N, R-7-W

N. M. P. M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1050'S, 800'W

14. PERMIT NO.

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

6797' GL

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

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)\*

Please rescind the Application for Permit to Drill this location. A drilling site has been constructed on this location.



RECEIVED  
DEC 04 1978

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

SIGNED

*D. G. Bruce*

TITLE

Drilling Clerk

DATE

11-30-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*Frank*

\*See Instructions on Reverse Side