

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.

NM6895

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Nageezi	
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1090'N, 800'W		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-25-N, R-9-W N.M.P.M.	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6462' GL		12. COUNTY OR PARISH San Juan	
		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 COMPLETION <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"/>	

SUBSEQUENT REPORT OF:

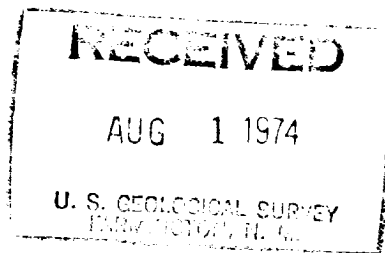
WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

7-11-74 T. D. 6701. Ran 209 joints 4 1/2" 10.5 & 11.6#, J-55 production casing; 6689' set at 6701'. Float collar set at 6685'. Stage tools set at 4980' and 2190'. Cemented first stage with 338 cu. ft. cement; second stage with 472 cu. ft. cement; third stage with 374 cu. ft. cement. WOC 18 hours. Top of cement at 1300'.

7-26-74 PBD 6685'. Tested casing to 4000#-OK. Perf'd 6384', 6394', 6416', 6486', 6496', 6508', 6562', 6580' with 1 shot per zone. Frac'd with 60,000# 40/60 sand and 59,976 gallons treated water. Dropped no balls. Flushed with 4410 gallons water.



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

SIGNED

*[Signature]*

TITLE

Drilling Clerk

DATE

July 30, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: