

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

S F 078640

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME San Juan 28-7 Unit	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 28-7 Unit	
3. ADDRESS OF OPERATOR Box 990, Farmington, New Mexico		9. WELL NO. 175	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1775'N, 1050'W		10. FIELD AND POOL, OR WELDCAT So Blanco Pictured Cliffs Undes. Chacra	
14. PERMIT NO.		11. SEC. T, R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-27N, R-7W N.M., P.M.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6575' GL		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"/>	

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.)*

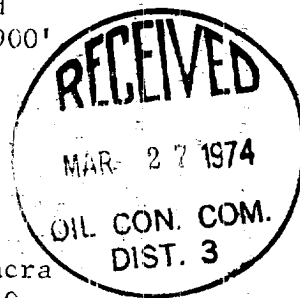
10-30-73: Tested surface casing, held 600#/30 min.

11- 9-73: Pictured Cliffs T.D. 3069'. Ran 101 jts. 2-7/8", 6.4#, J-55 production casing, 3059' set at 3069'. Baffle set at 3058'. Cemented with 531 cu. ft. cement. WOC 18 hours.

Chacra T.D. 4152'. Ran 134 jts. 2-7/8", 6.4#, J-55 production casing, 4142' set at 4152'. Baffle set at 4142'. Cemented with 452 cu. ft. cement. WOC 18 hours. Top of cement at 900'

3-20-74: Pictured Cliffs PBTD 3058'. Tested casing to 4000#, O.K. Perfed P.C. 2902-10 and 2924-48' with 16 SPZ. Fraced with 42,000# 10/20 sand, 38,100 gallons treated water, Dropped 1 set of 16 balls, flushed with 850 gallons water.

Chacra PBTD 4142'. Tested casing to 4000#, O.K. Perfed Chacra 3876-92 and 4010-26' with 16 SPZ. Fraced with 40,000# 20/40 sand, 41,760 gallons treated water. Dropped 1 set of 16 balls. Flushed with 1000 gallons water.



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

SIGNED [Signature]TITLE Drilling ClerkDATE March 21, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 20 1974

*See Instructions on Reverse Side

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