

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080675

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		S. J. 27-4 Unit	
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401		8. FARM OR LEASE NAME S. J. 27-4 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 960'/S 1120'/W		9. WELL NO. 88	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Tapacito P. C. Ext.	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7212' GL		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 28, T27N, R4W 7 N PM	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N.M.	

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:

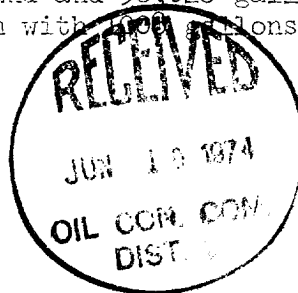
WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>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

5/4/74 Tst surface casing; held 600#/30 minutes.

5/9/74 T. D. 4232. Ran 140 jts. 2-7/8", 6.4#, J-55 production casing, 4221' set at 4232'. Baffle set at 4221'. Cemented with 221 cu.ft. cement. WOC 18 hours. Top of cement at 2975'.

6/4/74 Tst casing to 4000# - OK.
P.B.T.D. 4221'. Perfed. 4056-66, 4076-84, 4092-4104, 4120-32' with 10 SPZ.
Fraced with 56,000#, 10/20 sand and 56,028 gallons treated wtr. Dropped 3 sets of 10 balls each. Flush with 4000 gallons wtr.

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

SIGNED A. J. DuceoTITLE Drilling ClerkDATE June 6, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side