

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 04226

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 McManus
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401		9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1404'S, 1142'E		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA Sec. 31, T-26-N, T-8-W, N.M.P.M.		12. COUNTY OR PARISH San Juan
13. STATE New Mexico		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6408' GL	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

The subject well was plugged and abandoned during the following dates 09-15-76 to 09-20-76.

1. Spot 25 sk cement plug from 1879-2095'. (Pictured Cliffs top 2022')
2. Perforate squeeze hole 1372'. Spot 45 sk cement plug squeeze 20 sks through perfs. (Plug from 1172-1372')
3. Shot off casing at 1033', recover, spot 60 sk plug. (823-1033')
4. Spot 30 sk cement plug (75-175') base of surface scg. at 95'.
5. Placed a 10 sk cement plug at the surface installed dry hole marker, cleaned up location.

Note: A final subsequent report will be filed after the production equipment has been removed and surface restoration is complete.

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

SIGNED A. G. Drisco

TITLE Drilling Clerk

DATE September 29, 1976

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE SEP 30 1976

JUL 19 1978

P. T. McGRATH

DISTRICT ENGINEER

*See Instructions on Reverse Side