

Well #200 1-1-10-10

El Paso Nat. Gas Co.

Basin Dak

F. Loc. 11-80/S; 100/E Elev. 5157 SL Spd. \_\_\_\_\_ Comp. \_\_\_\_\_ TD \_\_\_\_\_ PB \_\_\_\_\_  
Casing S. \_\_\_\_\_ @ \_\_\_\_\_ W \_\_\_\_\_ Sx. Int. \_\_\_\_\_ @ \_\_\_\_\_ W \_\_\_\_\_ Sx. Pr. \_\_\_\_\_ @ \_\_\_\_\_ W \_\_\_\_\_ Sx. T. \_\_\_\_\_ @ \_\_\_\_\_  
Csg. Perf. \_\_\_\_\_ Prod. Stim. \_\_\_\_\_

I.P. \_\_\_\_\_ BO/D \_\_\_\_\_ MCF/D After \_\_\_\_\_ Hrs. \_\_\_\_\_ SICP \_\_\_\_\_ PSI After \_\_\_\_\_ Days GOR \_\_\_\_\_ Grav. \_\_\_\_\_ 1st Del. \_\_\_\_\_ \$ \_\_\_\_\_  
TRANS

TOPS		NITD	Well Log	TEST DATA						
Kirtland		C-103	Plat	Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland		C-104	Electric Log	Date	Gas					
Pictured Cliffs			C-122							
Cliff House		Ditr	Dfa							
Menefee		Datr	Dac							
Point Lookout		E/ 521.24								
Mancos										
Gallup										
Sanostee										
Greenhorn										
Dakota										
Morrison										
Entrada										

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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		5. LEASE DESIGNATION AND SERIAL NO. SF 077936
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 289, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME Huerfano Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1460'S, 860'E		8. FARM OR LEASE NAME Huerfano Unit
14. PERMIT NO.		9. WELL NO. 269
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6567' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-26-N, R-10-W N.M.P.M.
		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 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 checked="" type="checkbox"/>

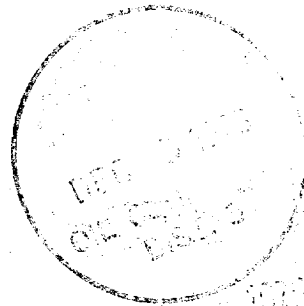
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input 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.)\*

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



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

SIGNED M. P. Guiso

TITLE Drilling Clerk

DATE 11-30-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

oh Ewh