

N

February 26, 1968

30-047-20223

NSL-413

F. Loc. 1530/N; 450/W

Elev. 6182 GL

Spd.

Comp.

TD

PB

Casing S.

@

W

Sx.

Int.

@

W

Sx.

Pr.

@

W

Sx.

T.

@

Prod. Stim.

T
R
A
N
S

I.P.		BO/D	MCF/D After	Hrs.	SICP	PSI After	Days GOR	Grav.	1st Del.	s				
TOPS		NITD		X		Well Log		TEST DATA						
Kirtland		C-103				Plat	X	Schd.	PC	Q	PW	PD	D	Ref.No.
Fruitland		C-104				Electric Log								
Pictured Cliffs						C-122								
Cliff House		Ditr				Dfa								
Menefee		Datr				Dac								
Point Lookout		<i>Abandon Location 11-24-70</i>												
Mancos														
Gallup														
Sanostee														
Greenhorn														
Dakota		<i>12-2-68-30-047-20223</i>												
Morrison														
Entrada														
		W 320.28												

P
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Basin Dak. Co. SJ S 18 T 26N R 8W U.E. Oper. El Paso Nat. Gas Co. Lse. Ka Des Pah No. 2

Ka Des Pah #2

E-18-26N-8W

El Paso Natural Gas Co.

Basin Dak.

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.

Navajo Allot. Cont. #14-20-603-

6. IF INDIAN, ALLOTTEE OR TRIBE NAME 772

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ka Des Pah

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T-26-N, R-8-W

N. M. P. M.

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1530'N, 450'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6182' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐

(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.



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

SIGNED

D. G. Exisco

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 Exisco

*See Instructions on Reverse Side