Form 9-331 (May 1963)

PRACTURE TREAT

UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

MULTIPLE COMPLETE

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

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

ALTERING CASING

ABANDON MENT

GEOLOGICAL SURVEY			SF077935 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOT (Do not use this form for proposuse "APPLICA"	6. IF INDIAN, ALLOTTI			
OIL GAS WELL OTHER		10H 15 19/5		
2. NAME OF OPERATOR El Paso Natural Gas Cor	npany	CON. CON	A Huerfano Uni	t
P. O. Box 990, Farmington, NM 87401			242	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface			Angel Peak Gallup Ext 11. SEC., T., B., M., OR BLK. AND SURYEY OR AREA 11. SEC., T., B., M., OR BLK. AND	
1025'S, 1550'E			Sec. 12, T-26-N, R-10-W N.M.P.M. 12. COUNTY OR PARISH 13. STATE	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6570 GL		San Juan	New Mexic
16. Check A	opropriate Box To Indicate N			
NOTICE OF INTE	TION TO:	SUBSEC WATER SHUT-OFF	QUENT REPORT OF:	WELL

ABANDON⁴ SHOOT OR ACIDIZE <u>Change Name</u> CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) REPAIR WELL 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.) * (Other)

This well was previously determined non-commercial. It has been reevaluated and found to be commercial, therefore, the name has been changed from Huerfano Unit NP No. 242 to the Huerfano Unit No. 242.

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18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Drilling Clerk	DATE _ January 10, 1975
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE