

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.

SF 079520

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 28-5 Unit

8. FARM OR LEASE NAME

San Juan 28-5 Unit

9. WELL NO.

92

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 24, T-28-N, R-5-W  
NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1820'S, 985'W

14. PERMIT NO.

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

7260'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 ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☒

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(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.)\*

6-25-73 Spudded well. Drilled surface hole. Ran 7 joints 9 5/8", 32.3#, H-5 surface casing, 221' set at 234'. Cemented with 225 cu. ft. cement. Circulated to surface. WOC 12 hours. Held 600#/30 minutes.



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

SIGNED M. G. Hickey

TITLE Drilling Clerk

DATE June 26, 1973

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side