

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved
Bureau of Land Management

5. LEASE DESIGNATION AND SERIAL NO.
NM 03863

6. IF INDIAN, ALLEGED OR OTHER 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 each proposal.)

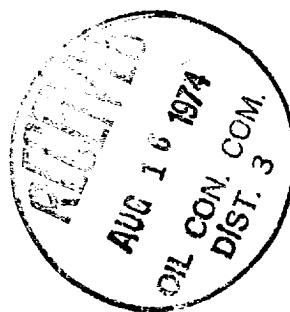
1. WELL TYPE OIL WELL ☐ GAS WELL ☒ OTHER		7. UNIT AGREEMENT NAME San Juan 28-4 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 28-4 Unit
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico 87401		9. WELL NO. 36
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 700'S, 1470'W		10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.		11. SEC., T., R., M., OR BLM. AND SURVEY OF LAND Sec. 29, T-28-N, R-4-W N.M.P.M.
15. ELEVATIONS (Show whether DE, NT, GR, etc.) 7305' GL		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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) <u>Well Name Change</u>	☒
(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.)*

The name of this well has been changed from San Juan 28-4 Unit NP No. 36 to San Juan 28-4 Unit No. 36.



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

SIGNED A. D. Buzar TITLE Drilling Clerk DATE August 9, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: