

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NO.	
(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.)		SF 079239	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME	
El Paso Natural Gas Company		San Juan 23-7 Unit	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
Box 990, Farmington, New Mexico		San Juan 23-7 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.	
1175' S, 1540'W		218	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		Basin Dakota	
6650' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		Sec. 12, T-23-N, R-7-W	
		N10E	
		12. COUNTY OR PARISH	
		Rio Arriba	
		13. STATE	
		New Mex.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)*

6-12-74 T.D. 3676'. Ran 94 joints 7", 20#, K-55 intermediate casing, 3662' set at 3676'. Cemented with 261 cu ft. cement. W.O.C. 12 hours, held 1200#/30 minutes. Top of cement 3250'.

6-20-74 T.D. 7919'. Ran 248 joints 4 1/2", 10.5 and 11.6 #, K-55 production casing 7909 set at 7919'. Float collar set at 7903', cemented with 820 cu ft. cement W.O.C. 18 hours, top of cement 5625'.

6-22-74 PBTD 7909. Tested casing to 4000#, O.K. Perfed 7700, 7734, 7766, 7792, 7803, 7840, 7865, and 7876'. with 1 SPZ. Fraced with 90,000 # 40/60 sand and 88,750 gallons treated water, no ball drops. Flushed with 5270 gallons water.



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

SIGNED A. G. DuceTITLE Drilling ClerkDATE 6-27-74

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____