

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF078417

6. IF INDIAN, ALLOTTEE OR TRIBE 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 such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P. O. 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

2080'S, 950'W

7. UNIT AGREEMENT NAME
San Juan 28-7 Unit

8. FARM OR LEASE NAME
San Juan 28-7 Unit

9. WELL NO.
239

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-28-N, R-7-W
N.M.P.M.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6691' GL

12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

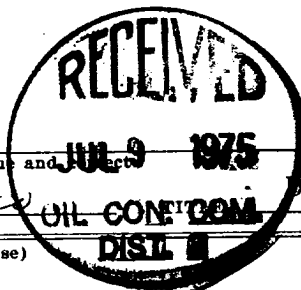
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

05-11-75 TD 3753'. Ran 91 joints 7", 20#, J-55 intermediate casing, 3741' set at 3753'. Cemented with 299 cu. ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of cement at 2200'.

05-16-75 TD 7844'. Ran 239 joints 4 1/2", 10.5 and 11.6#, J-55 production casing, 7834' set at 7844'. Float collar set at 7837'. Cemented with 632 cu. ft. cement. WOC 18 hours, top of cement at 2650'.

06-24-75 Located leak at bottom of casing. Set B. P. above leak at 7831'. PBTB 7831'. Tested casing to 4000#, OK. Perd'd 7630', 7642', 7656', 7730', 7761', 7792', 7806', 7816', 7830' with 1 shot per zone. Frac'd with 70,000#--40/60 sand and 72,618 gallons treated water. No ball drops. Flushed with 5250 gallons water.



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

SIGNED [Signature]
(This space for Federal or State office use)

DATE June 27, 1975

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE