

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 12 R1121  
5. FIELD IDENTIFICATION AND SERIAL NO.  
SI 079193  
6. WELL IDENTIFICATION OR TUBE 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. WELL TYPE<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                            | 7. WELL IDENTIFICATION NAME<br>San Juan 28-6 Unit                                      |
| 2. NAME OF OPERATOR<br>EL PASO NATURAL GAS COMPANY                                                                                                       | 8. FARM OR LEASE NAME<br>San Juan 28-6 Unit                                            |
| 3. ADDRESS OF OPERATOR<br>BOX 990, FARMINGTON, NEW MEXICO 87401                                                                                          | 9. WELL NO.<br>221                                                                     |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>950'N, 1460'E | 10. FIELD AND POOL OR WILDCAT<br>Undes. P.C.                                           |
| 11. PERMIT NO.                                                                                                                                           | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 20, T-28-N, R-6-W<br>N.M.P.M. |
| 12. ELEVATIONS (Show whether DE, RT, GE, etc.)<br>6499'GL                                                                                                | 12. COUNTY OR PARISH<br>Rio Arriba                                                     |
|                                                                                                                                                          | 13. STATE<br>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 <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"/>             |                                               |

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input 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. DES. REPR. 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.) \*

8/20/77 T.D. 3512. Ran 112 joints. 2 7/8", 6.5#, CW-35 production casing 3500' set @ 3512'. Baffle set at 3502'. Cemented with 308 cu. ft. cement. WOC 18 hours. Top of cement at 2575'.

9/26/77 Tst casing to 4000# OK. PBTD 3502. Perfd. 3318, 3522, 3529, 3554, 3545, 3554, 3372, 3379, 3383, 3389' w/1 SPZ. Fraced w/52,000# 10/20 sand and 52,000 gal. treated water. Flush w/840 gals. water.



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

SIGNED A. B. Dione TITLE Drilling Clerk DATE 9/30/77  
(This space for Federal or State office use)

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

OCT 17 1977

\*See Instructions on Reverse Side

GEOLOGICAL SURVEY  
WASHINGTON, D.C.