

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-RF124.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078081

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, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1480/S; 1450/W

7. UNIT AGREEMENT NAME

Huerfanito Unit

8. FARM OR LEASE NAME

Huerfanito Unit

9. WELL NO.

72

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 28, T27N, R9W
N.M.P.M.

14. PERMIT NO.

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

6453' G. L.

12. COUNTY OR PARISH

San Juan

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) Set Packer & Gel Pack

(Other)

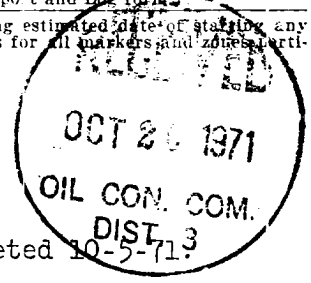
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form)

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.)*

10-4-71 Set Halliburton E-Z drill retainer at 6663'.

Layed down 8 joints. 2" EUE set at 6663'.

Pumped in 66 barrels packer fluid in annulus. Completed 10-5-71.



OCT 18 1971

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

SIGNED

K.C. McBride

TITLE

Production Engineer

DATE

October 13, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side