

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.  
SF078050

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner Hughes

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

South Blanco PC

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

Sec. 3, T-27-N, R-9-W  
N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

990'N, 790'E

14. PERMIT NO.

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

6185' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Current Status

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

Replacement well is being drilled at this time. If the new well is productive, this well will be plugged and abandoned.

DEC 5 1974

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

SIGNED

*H. P. Davis*

TITLE

Drilling Clerk

DATE November 26, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side