

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		5. LEASE DESIGNATION AND SERIAL NO. NM 04202	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		8. FARM OR LEASE NAME Johnston	
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990'S, 1700'W		9. WELL NO. 1 (OWWO)	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Aztec Pictured Cliffs	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5825'GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-28-N, R-9-W NMPM	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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) Clean out and Case Cement <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

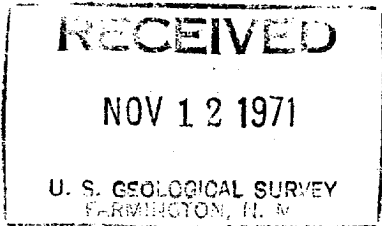
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

In order to increase production it is planned to workover and restimulate this well in the following manner:

Clean out with mud to total depth of 2260'.

Run a full string of 2 7/8" production casing and cement with 120 sacks cement.

Selectively perforate and sandwater fracture the Pictured Cliffs formation.



18. I hereby certify that the foregoing is true and correct  
Original Signed F. H. WOOD  
SIGNED \_\_\_\_\_ TITLE Petroleum Engineer DATE November 12, 1971  
(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side