

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other Instructions on re-
verse side)

Form approved.
Budget Bureau No. 42/R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM 03549
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
1175'/S, 1500'/W

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Florance C
9. WELL NO.
16
10. FIELD AND POOL, OR WILDCAT
So. Blanco P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T28N, R8W
NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5788' 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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☒ install tubing

REPAIRING WELL ☐

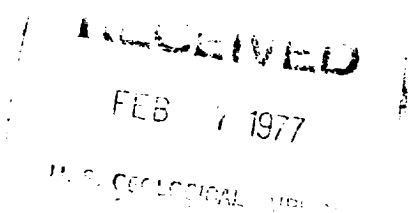
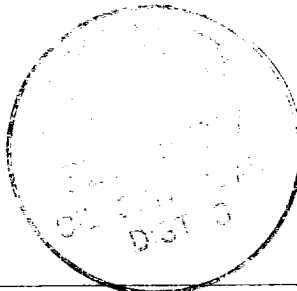
ALTERING CASING ☐

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.)*

2-5-77 Run 103 joints of 1 1/4" line pipe as tubing and land at 2175' DF with tubing perfs from 2154-57.



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

SIGNED

[Signature]

TITLE

Production Engineer

DATE

2-7-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE