

Blanco #23

L-36-28N-8W

El Paso Nat. Gas Co.

Chacra

F

Sept. 9, 1974

30-045-21546

NSL - 681

F. Loc. 1000/S; 590.2 Elev. 6347 GL Spd. Comp. TD PB

Casing S. W Sx. Int. W Sx. Pr. W Sx. T. Csg. Perf. Prod. Stim.

T
R
A
N
S

BO/D		MCF/D After		Hrs.	SICP	PSI After	Days GOR	Grav.	1st Del.	s		N S		
TOPS		NITD		%		Well Log		TEST DATA						
Kirtland		C-103		%		Plat		Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland		C-104				Electric Log								
Pictured Cliffs						C-122								
Cliff House		Ditr				Dfa								
Menefee		Datr				Dac								
Point Lookout														
Mancos														
Gallup														
Sanostee														
Greenhorn														
Dakota														
Morrison														
Entrada														
						156.15								

P
O
O
I.

681

Chadron Co. DU S 24 T 20N R 01 UL Oper. EPNG Co.

Lse. Blanco

No. 23

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.

NM 015150

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Blanco

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

Undes, Chacra

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

Sec. 36, T-28-N, R-8-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

Box 289, 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

1800'S, 690'W

14. PERMIT NO.

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

6347' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Please rescind the Applicaton for Permit to Drill this location.



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

SIGNED D. G. Buies

TITLE Drilling Clerk

DATE 11-30-78

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ok Frank

*See Instructions on Reverse Side