

F

Sept. 10, 1974

30-045-21551

F. Loc. 1525/S; 1160/E Elev. 5223 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

I.P. _____ BO/D _____ MCF/D After _____ Hrs. _____ SICP _____ PSI After _____ Days GOR _____ Grav. _____ 1st Del. _____ \$ _____

TOPS		NITD	X	Well Log	TEST DATA								
Kirtland		C-103		Plat	X	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													

P

Handwritten signature

Checked _____ S. L. 27 T. 20 N. R. Q. 11 L. 10 W. E. B. M. C.

11

12

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.

SF 078566-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Howell

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Undes. Chacra

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

Sec. 27, T-28-N, R-8-W
N. M. PM

12. COUNTY OR PARISH 13. STATE

San Juan

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

1525'S, 1160'E

14. PERMIT NO.

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

6228' 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 Application 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