

Howell #16

G-35-28N-8W

El Paso Nat. Gas Co.

Chacra

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F

Sept. 10, 1974

30-045-21555

F. Loc. 1525/N; 1700/E Elev. 5215 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. \_\_\_\_\_ s \_\_\_\_\_

TOPS		NITD	Well Log	TEST DATA						
				Schd.	PC	Q	PW	PD	D	Ref. No.
Kirtland		C-103	Plat X							
Fruitland		C-104	Electric Log							
Pictured Cliffs			C-122							
Cliff House		Ditr	Dfa							
Menefee		Datr	Dac							
Point Lookout		150								
Mancos										
Gallup										
Sanostee										
Greenhorn										
Dakota										
Morrison										
Entrada										

Chacra Co. SJ S 35 T 23N R 8W UG Oper. EPHG Co. Lse. Howell No. 15

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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.

16

10. FIELD AND POOL, OR WILDCAT

Undes. Chacra

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

Sec. 35, T-28-N, R-8-W  
N. M. P. M.

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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  
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'N, 1700'E

14. PERMIT NO.

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

6215' 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)

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.)\*

Please rescind the Applicaton for Permit to Drill this location.



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

SIGNED D. P. Drisco

TITLE Drilling Clerk

DATE 11-30-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

oh Erub

\*See Instructions on Reverse Side