UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
SF078266

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☐   GAS WELL ☒   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
El Paso Natural Gas Company

8. FARM OR LEASE NAME
San Jacinto

3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM   87401

9. WELL NO.
10

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1790'N, 1650'E

10. FIELD AND POOL, OR WILDCAT
Undes. Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-29-N, R-10-W
N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5693' GL

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:

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) _____
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

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.) *

01-18-75 Spudded well. Drilled surface hole.

01-20-75 Ran 3 joints 8 5/8", 24#, H-40 surface casing, 110' set at 110' GL. Cemented with 106 cu. ft. cement. Circulated to surface. WOC 12 hours.

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

SIGNED _____   TITLE Drilling Clerk   DATE January 23, 1975

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side