

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.

SP-047020 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Congress

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Undesignated Chacra

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

Sec. 35, T-29N, R-11W  
BPM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL ☐ GAS ☐ OTHER ☒  
WELL WELL

2. NAME OF OPERATOR

Southern Union Production Company

3. ADDRESS OF OPERATOR

P. O. Box 808, 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

790 ft./North line and 790 ft./East line.

14. PERMIT NO.

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

5631 Ft. Gr.

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) Spudding

(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.)\*

1. Spudded 12-1/4" surface hole on 10/14/75. Drilled to T.D. of 173 ft. R.K.B.

2. Ran 5 joints of 7-5/8", 26.4#, K-55 surface casing. landed at 169 ft. R.K.B.

3. Cemented casing with 160 sacks cement.



RECEIVED

OCT 30 1975

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

SIGNED

Don R. Collier

Don R. Collier

TITLE

Office Manager

DATE October 29, 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side