

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)Form approved,
Budget Bureau No. 42-R1424

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME GOEDE
3. ADDRESS OF OPERATOR P. O. Box 990 Farmington, New Mexico		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 ⁺ , 800E Sec. 29-T-30-N, R-9-W		10. FIELD AND POOL, OR WILDCAT Blanco PC
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 16505, 800E Sec. 29-30-
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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)

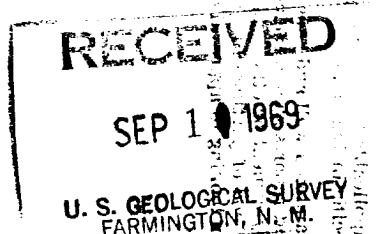
PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) installing tubingREPAIRING 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.)*

9-10-69 Installed 78 JTs tubing and 3 Pup JTs 1 1/4", 2.33 lbs., JCM-55,
s non upset IJ 10R (2550.93') set at 2562.93'.

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

SIGNED J. B. GrantTITLE Production EngineerDATE 9-10-69

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side