Form 9-331 (May 1963)

16.

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R142

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LEASE DESIGNATION AND SERIAL NO.

٠.	201110		
	NM	012647	

GEOLOGICAL SURVEY						
SHNDRY	NOTICES	AND	REPORTS	ON	WELLS	

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Do not use	this form Use	for proposals to "APPLICATION	drill or to	deepen or MIT—" for	plug back to such proposal	a different reservoir.

7.	UNIT	AGREEMENT	NAME

	WELL		WELL	X	OTHE
2	NAME	OF OP	ERATOR		

El Paso Natural Gas Company

P.O. Box 990, Farmington, New Mexico 8
LOCATION OF WELL (Report location clearly and in accordance with
See also space 17 below.)
At surface

1705/S,890/W

8.	FARM OR	LEASE	NAME	
	Riddl	e D		

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde 11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA

		22-31-9	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	6263' GR	San Juan	New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	ICE O	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	 -	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Round trip tubing & rods X	And the second s	
REPAIR WELL (Other)	L	CHANGE PLANS	 -	(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.)*

Fixed tubing leak. Landed at 5436'.

> RECEIVED
> SEP 24 1975 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

18. I hereby certify that the foregoing is true and correct SIGNED Blank	TITLE	Production Engineer	DATE	9/23/75
(This space for Federal or State office use)				
APPROVED BY	TITLE		DATE	