

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

5. LEASE DESIGNATION AND SERIAL NO.

SF 045646-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mansfield

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Blanco PC

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

12. COUNTY OR PARISH

San Juan

13. STATE

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 Co.

3. ADDRESS OF OPERATOR

P. O. Box 990, 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

Unit E, 1650'N, 790'W, Section 28, T 30 N, R 9 W

14. PERMIT NO.

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

5910 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)

Tubing installation

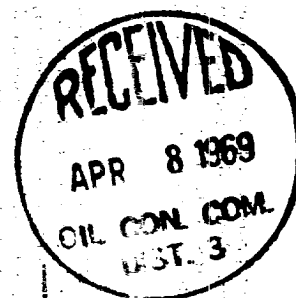
REPAIRING WELL

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 perti-
nent to this work.)*

3/31/69

Ran 83 jts. 1 1/4" 2.33 lb. JCW-55 IJ 10 rd. nonupset tubing (2596.20')
landed at 2607.20'.

RECEIVED

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

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

SIGNED

W. D. Dawson

TITLE

Production Engineer

DATE

4-7-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: