

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.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR El Paso Natural Gas Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, New Mexico	8. FARM OR LEASE NAME Riddle A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1068N, 980W, Sec. 24, T30N, R9W	9. WELL NO. 8
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Blanco, P. C.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5774 GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1068N, 980W, 24-30-9
	12. COUNTY OR PARISH San Juan
	13. STATE New Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>installed tubing</u> <input checked="" type="checkbox"/>	

(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.)*

5-27-70 Installed 78 Jts. 1 1/4", IJ, JCW55, non-up, 10R 2.33 lbs. tubing (2523.97') set at 2534.97'.

RECEIVED

JUN 2 1970

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

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

SIGNED T. B. GrantTITLE Production EngineerDATE 5-27-70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side