

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 03202

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Sunray A	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1640'N, 1175' W		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs Ext.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-30-N, R-10-W NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6560'GL		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	<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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

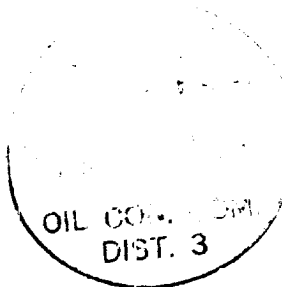
WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>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

1-29-73 TD 3312'. Ran 107 joints 2 7/8", 6.4#, JS production casing, 3302' set at 3312'. Baffle set at 3302'. Cemented with 425 cu. ft. cement. WOC 18 hours. Top of cement at 1820'.

5-22-73 PBTD 3302'. Tested casing to 4000#-OK. Perf'd 3214-30' and 3240-56' with 30 shots per zone. Frac'd with 30,000# 10/20 sand and 31,000 gallons treated water. Dropped one set of 30 balls. Flushed with 800 gallons water.



MAY 24 1973

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

SIGNED A. G. Davis

TITLE Drilling Clerk

DATE May 24, 1973

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: