

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
SF078840

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 28-7 Unit

8. FARM OR LEASE NAME

San Juan 28-7 Unit

9. WELL NO.

205

10. FIELD AND POOL, OR WILDCAT

Largo Chacra

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

Sec. 18, T-27-N, R-7-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

950'S, 1750'E

14. PERMIT NO.

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

6586' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)*

07-01-76 Spudded well. Drilled surface hole.

07-02-76 Ran 3 joints 8 5/8", 24#, KE surface casing, 130' set at 140'. Cemented with 106 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

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

SIGNED L. P. L. L. L.

TITLE Drilling Clerk

DATE July 9, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side