

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR El Paso Natural Gas Co. | 8. FARM OR LEASE NAME Bolack E |
| 3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499 | 9. WELL NO. 2 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650'N, 1700'E | 10. FIELD AND POOL OR WILDCAT Bollard Otero Pic. Cliffs |
| 14. PERMIT NO. | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-23-N, R-6-W NMPM |
| 15. ELEVATIONS (Show whether 25 ft. or 5 ft.) 6776'GL | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE NM |

RECEIVED

APR 16 1985

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | (Other) <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.) *

Notices were filed in the past with an incorrect lease number.
The correct lease number for this well is ~~8F~~ 067612#

NM

APR 26 1985
ALCON. DIV.
DIST. 3

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

SIGNED Peggy Doak TITLE Drilling Clerk **ACCEPTED FOR RECORD** APR 15 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ **APR 25 1985**

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

NMOCC