

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

91 APR 10 PM 1:50
018 PACIFIC

<p>1. Type of Well GAS</p> <p>2. Name of Operator El Paso Natural Gas Company</p> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec, T, R, M. 1190'S, 825'W Sec. 20, T-25-N, R-6-W, NMPM</p>	<p>5. Lease Number SE-078882</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Canyon Largo Unit</p> <p>8. Well Name & Number Canyon Largo Unit #269</p> <p>9. API Well No.</p> <p>10. Field and Pool Ballard Pictured Cliffs</p> <p>11. County and State Rio Arriba County, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	

13. Describe Proposed or Completed Operations

A confirmed casing leak has been isolated from the producing formation in the subject well by means of a packer and tubing. Due to pipeline contract delays, the well has not been produced and has not been evaluated. An additional six month test period is requested to evaluate the well and submit plans for the casing repair, or plug and abandonment.

RECEIVED

MAY 17 1991

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (LS) Title Regulatory Affairs Date APR 14-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

MAY 16 1991
DATE

AREA MANAGER
FARMINGTON RESOURCE AREA

MAJOD