

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Canyon Largo Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Canyon Largo Unit
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499	9. WELL NO. 286
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1100'N, 1800'E	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 11, T-24-N, R-6-W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6435'GL	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	status report		

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)	(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.) \*

Production has been returned to about 70% level prior to casing failure.  
A package to repair well has been submitted for approval.

RECEIVED  
MAY 16 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Reggie L. Oak

TITLE Drilling Clerk

ACCEPTED FOR RECORD  
DATE May 9, 1985

(This space for Federal or State office use)

MAY 14 1985

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE  
FARMINGTON RESOURCE AREA  
BY fl

\*See Instructions on Reverse Side

NMOCC