

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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	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 P. O. 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., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-24-N, R-6-W NMPM
15. ELEVATIONS (Show whether DF, HT, GR, etc.) 6435'GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <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.)*

It is intended to permanently repair the casing failure by pulling the tubing, isolating the leak, and squeeze cementing with a sufficient volume of cement to repair the leak.

Following clean out, the casing will be tested to 750 psi, the tubing rerun and stung into the cement retainer and the well returned to production. The casing-tubing annulus will be filled with corrosion inhibitor.

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OIL CON. DIV.
DIST. 3

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

SIGNED Reggie L. Oak

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE 7-26-85
JUL 29 1985
<u>John P. Hill</u>
AREA MANAGER FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC