

**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.)

RECEIVED
APR 23 1985

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
PO Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1800'S, 1750'E, Sec. 16, T26N, R5W

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6619' DF

5. LEASE DESIGNATION AND SERIAL NO.
Jic. Cont. #109 PC

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jic. Cont. 109 PC

7. UNIT AGREEMENT NAME
Jicarilla "F"

8. FARM OR LEASE NAME
Jicarilla "F"

9. WELL NO.
11

10. FIELD AND POOL, OR WILDCAT
South Blanco PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 16, T26N, R5W
NMPM

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

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 checked="" 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) _____	

(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.)*

@ 3142'
On April 17, 1985, work was completed to set a packer on 1 1/4" tubing to isolate a casing failure in the well. We request approval to work with this well until production is established. *@ 3073'*

RECEIVED
APR 26 1985
OIL CON. DIV.
DIST. 3

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

SIGNED L. J. Bemer TITLE Production Engineer DATE April 22, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY :

APPROVED

APR 25 1985

DATE

/s/ J. Stan McKee
For AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOCC