

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	
2. NAME OF OPERATOR El Paso Natural Gas Company	
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, New Mexico 87499-4289	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1525' FSL, 1840' FWL, Section 29, T-26-N, R-6-W, NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6454' GL

5. LEASE DESIGNATION AND SERIAL NO. SF 079266	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Vaughn	
9. WELL NO. 17	
10. FIELD AND POOL, OR WILDCAT Otero Chacra	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-26-N, R-6-W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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"/>		<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.)\*

- 1) Circulate hole w/ 9.2 ppg mud.
- 2) Spot 47 sack cement plug from 1930'-3621'. (Chacra top @ 3468' - PC top @ 2634' - Ojo Alamo top @ 1993').
- 3) Perf 4 squeeze holes @ 185'.
- 4) Circulate 51 sacks cement down casing up annular area.
- 5) Cement dry hole marker in place.
- 6) Clean and reseed location.

RECEIVED  
JUL 03 1984  
OIL CON. DIV.  
DIST. 3

RECEIVED  
JUN 19 1984  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

SIGNED Douglas W. Russell TITLE Production Engineer

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

NMOCC

APPROVED  
AS AMENDED  
DATE June 19, 1984

JUN 20 1984  
M. MILLENBACH  
AREA MANAGER

\*See Instructions on Reverse Side