

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLL

Sundry Notices and Reports on Wells

1. Type of Well
GAS
2. Name of Operator
El Paso Natural Gas Company *Meridian*
3. Address & Phone No. of Operator
Box 4289, Farmington, NM 87499 (505) 326-9700
4. Location of Well, Footage, Sec, T, R, M.
1600'S, 1710'W Sec. 24, T-25-N, R-7-W, NMPM
5. Lease Number
31 APR 10 PM 1:51
DISF SE-078879
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Canyon Largo Unit
8. Well Name & Number
Canyon Largo Unit #193
9. API Well No.
10. Field and Pool
Ballard Pictured Cliffs
11. County and State
Rio Arriba County, NM
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"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut Off |
| | <input type="checkbox"/> Conversion to Injection |

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 20 1991
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES DEC 01 1991

14. I hereby certify that the foregoing is true and correct
Signed *[Signature]* (LS) Title Regulatory Affairs Date 4-9-91

(This space for Federal or State office use)

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

APR 10 1991
FARMINGTON REGIONAL OFFICE