

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- | | |
|---|--|
| 1. Type of Well
GAS | 5. Lease Number
SF-079071A |
| 2. Name of Operator
El Paso Natural Gas Company | 6. If Indian, All.or
Tribe Name |
| 3. Address & Phone No. of Operator
Box 4289, Farmington, NM 87499 (505) 326-9700 | 7. Unit Agreement Name
Canyon Largo Unit |
| 4. Location of Well, Footage, Sec, T, R, M.
1840'S, 800'W Sec. 28, T-25-N, R-6-W, NMPM | 8. Well Name & Number
Canyon Largo Unit #207 |
| | 9. API Well No. |
| | 10. Field and Pool
Ballard Pictured Cliff |
| | 11. County and State
Rio Arriba 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

Approval is requested to isolate a casing leak in the subject well with a packer on 1 1/4"/2.33#/IJ tbgs. The packer will be set @ \pm 2500' in an attempt to re-establish production from the Pictured Cliffs.

If economic production is attained from this well the casing will be cement squeezed and repaired as per your regulations.

THIS APPROVAL EXPIRES APR 17 1991

RECEIVED
OCT 8 1990
OIL CON. DIV.
TOLSON

14. I hereby certify that the foregoing is true and correct
Signed Ken Townsend (45) Title Regulatory Affairs Date 10-5-90

(This space for Federal or State office use)

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

APPROVED
OCT 16 1990
Ken Townsend
AREA MANAGER