

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

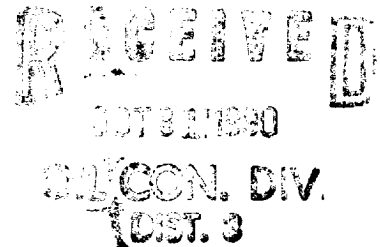
1. Type of Well GAS	5. Lease Number SF-078878
2. Name of Operator El Paso Natural Gas Company	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name Canyon Largo Unit
4. Location of Well, Footage, Sec, T, R, M. 1450' N, 820' E Sec. 27, T-25-N, R-7-W, NMPM	8. Well Name & Number Canyon Largo Unit #247
	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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other

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 tbg. 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



14. I hereby certify that the foregoing is true and correct
Signed [Signature] (s) Title Regulatory Affairs Date 10-5-90

(This space for Federal or State office use)

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

OCT 16 1990
FOR AREA MANAGER