

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

STAMP 10 PM 1:50
DISPATCHED
SF-078878
R.N.M.

- | <p>1. Type of Well
GAS</p> <hr/> <p>2. Name of Operator <i>El Paso Natural Gas Company</i>
El Paso Natural Gas Company</p> <hr/> <p>3. Address & Phone No. of Operator
Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M.
1450'N, 820'E Sec. 27, T-25-N, R-7-W, NMPM</p> <hr/> <p>12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA</p> <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Type of Submission</th> <th style="text-align: left;">Type of Action</th> </tr> <tr> <td><input type="checkbox"/> Notice of Intent</td> <td><input type="checkbox"/> Abandonment</td> </tr> <tr> <td><input type="checkbox"/> Subsequent Report</td> <td><input type="checkbox"/> Recompletion</td> </tr> <tr> <td><input type="checkbox"/> Final Abandonment</td> <td><input type="checkbox"/> Plugging Back</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Casing Repair</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Altering Casing</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other</td> </tr> </table> | 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 | <p>5. Lease Number
SF-078878</p> <p>6. If Indian, All. or
Tribe Name</p> <p>7. Unit Agreement Name
Canyon Largo Unit</p> <p>8. Well Name & Number
Canyon Largo Unit #247</p> <p>9. API Well No.</p> <p>10. Field and Pool
Ballard Pictured Cliffs</p> <p>11. County and State
Rio Arriba County, NM</p> |
|--|---|----------------|---|--------------------------------------|--|---------------------------------------|--|--|--|--|--|--|--|---|---|
| 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 | | | | | | | | | | | | | | |
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| | <input type="checkbox"/> Altering Casing | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Other | | | | | | | | | | | | | | |

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

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 _____

CONDITION OF APPROVAL, IF ANY:

MAY 14 1991
DATE

AREA MANAGER
FARMINGTON RESOURCE AREA