| Form | 3160 | -5 |
|-------|------|--------|
| (Nove | mber | 1983) |
| (Form | erly | 9-331) |

UNITED STATES SUBMIT I DEPARTMENT OF THE INTERIOR Verse alde)

| SUBMIT IN | TRIPLICA | TE* |
|--------------|------------|-----|
| (Other instr | uctions on | re |

| √Form approved. | |
|--------------------|----------|
| Budget Bureau No. | 1004-013 |
| Expires August 31. | 1985 |

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

| | | 079 | 266 | AND | SERIA | L NO. | |
|----|----|---------|----------|-----|-------|-------|--|
| 6. | IF | INDIAN, | ALLOTTEE | OR | TRIBE | NAME | |

| | SUNI | DRY | NOTICES | AND | REPORTS | ON ' | WELLS | / |
|---------|------------|-------------------|-------------------------------|-------------------------|---------------------------------|-----------------------|--------------------|----------|
| (Do not | use this f | form fo Use "A | r proposals to APPLICATION | drill or to FOR PERI | deepen or plu MIT—" for suci | g back to proposal | a different s.) | reservoi |

BUREAU OF LAND MANAGEMENT

| Use "APPLICA | TION FOR PERMIT—" for such proposals.) | 1 |
|--|---|---|
| OIL GAS WELL OTHER | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | | 8. FARM OR LEASE NAME |
| E1 Paso I | Natural Gas Company | Vaughn |
| 3. ADDRESS OF OPERATOR | | 9. WELL NO. |
| Post Off: | ice Box 4289, Farmington, NM 87499 | 32E |
| 4. LOCATION OF WELL (Report location of See also space 17 below.) At surface 189015, | early and in accordance with any State requirements.* | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| RECEIVED | | 11. SBC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-26-N, R-6-W N.M.P.M. |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE |
| 7FC 1 9 1925 | 6389 'GL | Rio Arriba NM |

| Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | | | | | |
|---|--|----------------------|--|---|------------------------------------|----------------------|----------|
| BUREAU OF LAND MANAGEMENTATION TO: FARMINGTON RESOURCE AREA | | | | SUBSEQUENT REPORT OF: | | | |
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | WATER SHUT-OFF | | REPAIRING WELL | <u> </u> |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | FRACTURE TREATMENT | | ALTERING CASING | |
| SHOOT OR ACIDIZE | | ABANDON* | | SHOOTING OR ACIDIZING | | ABANDONMENT* | |
| REPAIR WELL | | CHANGE PLANS | | (Other) | | ··· | |
| (Other) | | | | (Note: Report res Completion or Reco | ults of multiple appletion Repo | ie completion on Wel | i |

- 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.) *
 - Cleaned out to 7504'. Pressure tested casing, did not hold. Isolated leaks @ both stage tools set @ 3119' and 5786'. Squeeze cemented leak @ 5786' with 100 sks. Class "B" neat (118 cu.ft.) WOC 6 hrs. Squeeze cemented leak @ 3119' with 100 sks. Class "B" neat (118 cu.ft.). WOC 18 hrs.
 - 11-23-85 Cleaned out cement @ 3119'. Pressure tested to 4000 psi, ok. Cleaned out remaining cement. Pressure tested to 4000 psi, ok.

| SIGNED SIGNED SIGNED | rect TITLE Drilling Clerk | DATE | 12-17-85 | | | |
|--|---------------------------|------|----------|--|--|--|
| (This space for Federal or State office use) | | 1.0. | | | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE | | | | |

*See Instructions on Reverse Side

FAR