

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR **RECEIVED**  
**MAY 01 1985**  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA  
P.O. Box 4289, Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
990'S, 1650'W, Section 4, T25N, R8W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6477 DF

5. LEASE DESIGNATION AND SERIAL NO.  
NM04226

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
McManus

9. WELL NO.  
13

10. FIELD AND POOL, OR WILDCAT  
Ballard Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 4, T25N, R8W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*

On or about May 6, 1985 we intend to P&A this well because of insufficient well pressure. If approved we will use the following procedure:

- 1) Circulate with mud and spot a plug from TD to 1720' to cover the Pictured Cliffs and Fruitland formations.
- 2) Perforate the 5 1/2" casing at 1300' and spot a plug from 1470' to 1200'. Squeeze cement from 1300' to 1200' behind the 5 1/2" casing to cover the Kirtland and Ojo Alamo formations.
- 3) Perforate the 5 1/2" casing at 151' and circulate cement to the surface.
- 4) Set a dry hole marker.

18. I hereby certify that the foregoing is true and correct

SIGNED Wm D Welch

TITLE Production Engineer

DATE April 30, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

NMOCC

