

**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.)

RECEIVED
DEC 07 1984
OIL CON. DIV.
DIST. 3

RECEIVED
DEC 5 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO. NM 03015

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME Huerfano Unit

8. FARM OR LEASE NAME Huerfano Unit

9. WELL NO. 56

10. FIELD AND POOL, OR WILDCAT Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-25-N, R-9-W
NMPM

12. COUNTY OR PARISH San Juan 13. STATE NM

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6624'

1. OIL WELL GAS WELL OTHER _____

2. NAME OF OPERATOR El Paso Natural Gas Company

3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 850'S, 850'W

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

11-16-84 TD 6700'. Ran 160 jts. 4 1/2", 10.5# and 11.6# K-55 casing set at 6699'. Float collar set at 6679'. Stage tools set at 5030' and 2151'. Cemented first stage with 385 cu.ft. cement, 2nd stage with 599 cu.ft., 3rd stage with 486 cu.ft. cement. WOC 18 hrs. Top of cement at 1050'.

11-24-84 Cleaned out to PBTD 6679'. Testing casing to 4000#, held OK. Perf'd 6636-6660' with 4 spf. Broke down perfs with 11,088 gallons water. Cleaned out and tested zone. Zone produced water. Set cement retainer at 6630'. Squeeze cemented perfs with 118 cu.ft. cement.

11-26-84 Tested csg. to 4000#, ok. Perf'd 6603-20', 6590-96', 6576'-6579', 6562-65', 6537-40' w/4 spf. Broke down perfs with 8568 gal. water. Tested zone.

11-28-84 Zones produced water. Set 4 1/2" cement retainer at 6525'. Squeeze cemented perfs with 118 cu.ft. cement.

11-29-84 Tested csg. 4000#, ok. Perf'd 6452-83', 6388-6410' w/4 spf. Fraced w/ 55,000# 20/40 sand and 8,000# 10/20 sand and 77,320 gal. gelled fluid. Flushed with 4200 gal. water.

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

SIGNED [Signature] TITLE Drilling Clerk DATE 11-30-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE DEC 06 1984

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
RV _____