

The proposed evaluation testing is approved with the stipulation that the results are to be reported to this office prior to August 1, 1986 along with plans to promptly repair any arising leaks.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Huerfano Unit
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
El Paso Natural Gas Company	Huerfano Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	9. WELL NO.
Post Office Box 4289, Farmington, NM 87499	56
10. FIELD AND POOL, OR WILDCAT	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
850'S, 850'W	Basin Dakota
12. COUNTY OR PARISH	13. STATE
San Juan	NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	6624'GL

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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"/>		<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.)

This well has a possible casing failure. It is intended to MOL&RU, NU BOP and test. Round trip tbq w/csg scraper. Tag TD @ 6679' to clear perfs. Run cmt. retainer & set @ 6350'. Test to recover commercial production. After test, at later date, if commercial production is recovered, sting out of retainer. TOOH and install 4 1/2" packer to locate casing failure. Squeeze w/50 sx (58.5 cu.ft.) Class "B" neat cmt. Test squeeze to 750 psi. TIH w/2 3/8", 4.7# tbq & sting into retainer. Return well to production.

RECEIVED

JUN 01 1989

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

SIGNED [Signature]

TITLE Regulatory Affairs (CB)

05-24-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 26 1989

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

*See Instructions on Reverse Side

NMOCD

AREA MANAGER