

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 checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Huerfano Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Huerfano Unit
3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499	9. WELL NO. 150E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790'S 1710'W	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-25-N, R-10-W NMPM
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6895' GL	13. STATE NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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"/>	Running Csg. <input checked="" 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.) \*

5-26-85 TD 6802'. Ran 164 jts, 4 1/2", 10.5 & 11.6#'s, K-55 Production Casing 6790' set at 6802'. Float collar set at 6787'. Stage tools set at 5017' & 2536'. Cmt 1st stage w/289 sks class B, 50/50 POZ mix, 2% Gel, 10% Salt, 10% Cal-Seal, 1/4# Fine Tuf-plug/sk (364 cu ft); cmt 2nd stage w/370 class B, 65/35 POZ mix, 6% Gel, 2% CaCl<sub>2</sub> (600 cu ft); 3rd stage w/688 sks class B, 65/35 POZ mix, 6% Gel, 2% CaCl<sub>2</sub> (1162 cu ft). WOC. Circ to surface.

RECEIVED  
JUN 03 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*[Signature]*

TITLE

Drilling Clerk

DATE 5-28-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC