	UNITED STATES MENT OF THE INT	SUBMIT IN TRIPLICATES (Other instructions on reverse side)	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SESIAL NO.	
BUREAU OF LAND MANAGEMENT			SF 079403	
SUNDRY NOT (Do not use this form for propor Use "APPLICA"	ICES AND REPOR	TS ON WELLS plug back to a different reservoir. such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
i. OIL GAB TO			7. UNIT AGREEMENT NAME	
WELL WELL OTHER 2. NAME OF OPERATOR			San Juan 27-5 Unit	
El Paso Natural Gas Company			San Juan 27-5 Unit	
3. ADDRESS OF OPERATOR			9. WBLL NO.	
Post Office Box 4289, Farmington, NM 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			95	
4. Location of well (Report location clearly and in accordance with any State requirements.* See also space 17 below 1 At surface 500 'S, 100 'W			10. FIBLD AND POOL, OR WILDCAT	
RECEIVED			11. SEC. T. S., M., OR BLE. AND Sec. 15, T-27-N, R-5 -W N.M.P.M.	
SEP 17 1986	15. ELEVATIONS (Show whet	her DF, RT, GR, etc.)	12. COUNTY OR PARISH 18. STATE	
	<u> </u>		Rio Arriba NM	
BUREAU OF LAND MANAGENEST AP	propriate Box To Indica	ate Nature of Notice, Report, or O	ther Data	
FARMINGTON RESOURCE AREA	FION TO:	DPEREDE	BNT REPORT OF:	
TEST WATER SHUT-OFF	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
 1	IULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
<u> — </u>	BANDON* HANGE PLANS	SHOOTING OR ACIDIZING	ABANDONMENT®	
(Other)	TANGE PLANS	(Other)	of multiple completion on Well etion Report and Log form.)	
			Amman man man man a	
			OCT 0 6 1986	
		OIL CON. DIST. 3	EINGYCH RESOURCE AREA CHIROLOGICHEW MEXICO	
8. I hereby certify that the soregoing is	true and correct	Drilling Clerk	09-17-86	
(This space for Federal or State office	: use)			
APPROVED BY	TITLE		DATE	

*See Instructions on Reverse Side