

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 San Juan 27-4 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME San Juan 27-4 Unit
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		9. WELL NO. 61
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800'S, 1500'E		10. FIELD AND POOL, OR WILDCAT Tapacitos Pic. Cliff
14. PERMIT NO.		11. SEC. T. R. M. OR BLM. AND SURVEY OR AREA Sec. 22, T-27-N, R-4 - N.M.P.M.
15. ELEVATIONS (Show whether DF, ST, GR, etc.)		12. COUNTY OR PARISH Rio Arriba NM
13. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		13. STATE

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)

A packer has been set in this well to isolate a casing failure. Production for an adequate period of time to determine if a permanent repair is justified has not been established. An extension of six months is requested to allow time for an accurate appraisal of this well's potential.

90 Day extension to repair or PTA

THIS APPROVAL EXPIRES 10/21/89

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

SIGNED

TITLE

Regulatory Affairs (CS)

DATE

07-18-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

\*See Instructions on Reverse Side

AREA MANAGER