

**UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
 (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.)

| | |
|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER <input checked="" type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. SF-080675 |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499 | 7. UNIT AGREEMENT NAME San Juan 27-4 Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1765'S, 830'E | 8. FARM OR LEASE NAME San Juan 27-4 Unit |
| 14. PERMIT NO. | 9. WELL NO. 85 |
| 15. ELEVATIONS (Show whether DF, BT, GR, etc.) | 10. FIELD AND POOL, OR WILDCAT Tapacitos Pic.Cliff |
| 18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | 11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-27-N, R-4 - N.M.P.M. |
| 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.)* | 12. COUNTY OR PARISH 13. STATE Rio Arriba NM |

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | |
|--|---|
| 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"/> | |

| | |
|--|--|
| 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"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 PTH

RECEIVED
 MAIL ROOM
 19 JUL 13 PM 2:27
 FARMINGTON RESOURCE AREA
 FARMINGTON, NEW MEXICO

THIS APPROVAL EXPIRES 10/21/89 **RECEIVED**
 JUL 24 1989

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

SIGNED [Signature] TITLE Regulatory Affairs (CS) DATE 07-18-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUL 20 1989

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

AREA MANAGER