

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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF- 00671A
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 800'N, 1480'W		8. FARM OR LEASE NAME San Juan 27-4 Unit
14. PERMIT NO.		9. WELL NO. 153
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7303'GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T-27-N, R-4 -W N.M.P.M.
		12. COUNTY OR PARISH Rio Arriba NM
		13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)*

04-05-88

MOL&RU. NU BOP. Load csg w/170 bbl.wtr. TOOH w/98 stds. 2 3/8", 4.7# tbg. TIH w/fullbore pkr & set @ 5604'. Pressured to 1000# for 15 min. Pump 172 sx. cmt. followed by 27 bbls. wtr down tbg. Final squeeze press. 2500#. Reversed out w/44 bbl. wtr. Pulled 2 stds & reset pkr. Pressure to 1000#, SDFN.

TOOH w/tbg & pkr. TIH w/mill, drill collars & 2 3/8" tbg. Tag cmt @ 5886'. Drld out 230'. SDFN.

Load hole w/10 bbls. wtr. Drld cmt 6116-6180'. Press. to 1300#, did not hold. Drld out remainder of cmt @ 6250'. TOOH w/tbg. and collars. TIH w/pkr set @ 5667'. Press test 1000# for 15 min. Pump 170 sx. cmt, followed by 25 bbls. wtr. Squeezed off @ 2550#. Pull up 2 stds, press up to 1000#. SDFN Drld out remainder of retainer. Ran tbg, tag btm @ 6780'. TOOH w/tbg & bit. TIH w/209 jts. 2 3/8", J-55 tbg set @ 6738'. NU WH, ND BOP. Released rig.

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Drilling Clerk()

DATE 04-12-88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

APR 13 1988
FARMINGTON RESOURCE AREA