

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		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 P. O. 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 1590'N 870'W		8. FARM OR LEASE NAME San Juan 27-4 Unit
14. PERMIT NO.		9. WELL NO. 133A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7196' GL		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-27-N, R-4-W NMPM
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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"/>
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"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Squeeze Cmt'd	<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.)

7-7-85 PBSD 6660'. Pressure tested casing to 3500/psi. Ok. Perf'd 6440, 6454, 6476, 6496, 6521, 6541, 6548, 6563, 6587, 6596, 6604, 6624, 6632 w/1 SPZ. Frac'd w/39,000# 20/40 sand & 101,898 gals water. Flushed w/8736 gals wtr. Perf'd 2nd stage @/6209, 6221, 6226, 6231, 6236, 6245, 6265 6269, 6280, 6291, 6309, 6314, 6328, 6345, 6350, 6366, 6380 w/1 SPZ. Frac'd w/47,000# 20/40 sand & 105,686 gallons wtr. Flushed w/8610 gals wtr. 3rd stage @ 5740, 5751, 5763, 5767, 5801, 5811, 5826, 5848, 5865, 5870 5875/w 1 SPZ. Frac'd w/29,500# 20/40 sand & 72,088 gals wtr. Flushed w/8190 gals wtr.

7-8-85 Per'f squeeze hole at 3525'. Squeeze cmt'd Ojo Alamo w/125 class B sks cmt, 2% CaCl₂ (148 cu ft). WOC 18 hours. Top of cement @ 3425'.

7-9-85 CO to below squeeze test casing to 1500 psi. Ok. CO to PBSD.

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

SIGNED [Signature] TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUL 18 1985

OIL CON. DIV.
DATE DEC 11 1985

ACCEPTED FOR RECORD
DATE _____

JUL 17 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY [Signature]