

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. 122
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1470'S, 1850'E		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T-27-N, R-4 -W N.M.P.M.
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 7184'GL		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	

(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.)

04-12-88 MOL&RU. Loaded backside w/water. TOO H w/ 2 3/8" tbg and stinger. TIH w/tbg and 4 1/2" packer set @ 5455'. Set packer and pressured up to 1000# on backside. Squeezed 80 sx. cmt. up to 2500#. WOC.

04-13-88 TOO H w/tbg and packer. TIH w/mill and tbg. Drilled out 160' of cmt. SD for rig repairs.

04-16-88 Drilled out remaining cmt. Pressure tested to 1500#/15 min. Drilled out cmt. retainer and ran to bottom @ 6621'. SD for weekend.

04-18-88 TOO H w/tbg & mill. TIH w/209 jts. 2 3/8", 4.7#, J-55 tbg landed @ 6578' w/seating nipple 1 jt. off btm. ND BOP. NU WH. Returned well to production.

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

SIGNED [Signature] TITLE Drilling Clerk() DATE 04-25-88

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

APR 26 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOC