

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 <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME San Juan 27-5 Unit |
| 2. NAME OF OPERATOR El Paso Natural Gas Company | | 8. FARM OR LEASE NAME San Juan 27-5 Unit |
| 3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499 | | 9. WELL NO. 104M |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1420'N, 1050'W | | 10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin Dk |
| 14. PERMIT NO. OCT 29 1986 | | 11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA Sec. 12, T-27-N, R- 5-W N.M.P.M. |
| 15. ELEVATIONS (Show whether DF, ST, CR, etc.) 7310'GL | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE NM |

RECEIVED

16. BUREAU OF LAND MANAGEMENT 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"/> | PLUG OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDISE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDISING <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.)

Please extend our application for Permit to Drill for this location.
It is intended to drill this well in the upcoming year.

This Approval ~~is Temporary~~
~~Approval~~ Expires April 10, 1987

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:

ch2

APPROVED
AS AMENDED
DATE 10/20/85

NOV 17 1986
DATE [Signature]
AREA MANAGER

*See Instructions on Reverse Side
NMOCC