UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	ces and Reports on	Wells
1. Type of Well GAS	ANG 4 1991 CON. DIV.	5. Lease Number SF-0781356. If Indian, All.or Tribe Name
	√€187. 3	7. Unit Agreement Name Huerfanito Unit
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505)326-9700		8. Well Name & Number Huerfanito Unit #199. API Well No.
4. Location of Well, Footage, 1450'N, 990'E Sec.3, T-2	Sec, T, R, M. 6-N, R-9-W, NMPM	10.Field and Pool Basin Fruitland Coal 11.County and State San Juan County, NM
12.CHECK APPROPRIATE BOX TO IN		
Type of Submission Notice of Intent X Subsequent Report Final Abandonment	Abandonment _X Recompletion _X Plugging Back Casing Repair	<pre>f Action Change of Plans New Construction Non-Routine Fracturing Water Shut Off g Conversion to Injection</pre>
13. Describe Proposed or Comp	oleted Operations	
11-4-90 MOL&RU. Kill well w/wtr. ND WH. LD 104 jts tbg. NU BOP. RIH w/scraper to 2115'. TOOH. SDFN. 11-5-90 Ran GR-CCL-CNL. Set CIBP @ 2112'. PT csg 1500#/15 min, ok. TIH		
circ w/2% KCl wtr. 11-6-90 Spot 150 gal. 15% 1999-2017', 2044-4	Swab to 1650'. SD HCl acid @ 2104'. 27', 2055-58', 2081 erfs. BD w/400 gal	FN. TOOH w/tbg. Perf 1958-60', -89', 2103-07' w/2 spf. TIH . 15% HCl acid. Swab well
11-7-90 Swabbed. TOOH w/tool. Ran 166 jts 2 3/8", 4.7#, J-55 EUE 8rd tbg set @ 2106'. SN @ 2075'. ND BOP. NU WH. SDFN.		
11-8-90 Swabbed. Released	rig.	
14. I hereby certify that the Signed Man have	Title Regulatory	Affairs Date 11-8-95
(This space for Federal or St	ate office use)	ACCEPTED FOR RECORD
APPROVED BY CONDITION OF APPROVAL, IF ANY	TITLE	DEC 2 64980
CONDITION OF APPROVAL, IF ANY	*	FARMINGTON RESOURCE AREA