

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-078060A	
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 Huerfano Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990'N, 890'W		8. FARM OR LEASE NAME Huerfano Unit	
14. PERMIT NO.		9. WELL NO. 182	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6492'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-26-N, R-9 -W	
		12. COUNTY OR PARISH San Juan	
		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"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) *

It is intended to plug this well back and recomplete to the Fruitland Coal in the following manner:

MOL&RU. NU BOP & test. Establish rate under retainer @ 6134' and pump 28 sx (33 cu.ft.) cmt. into Dakota perms., Sting out of retainer and pump 8 sx (9.5 cu.ft.) cmt. on top from 6134-6034'. Displace hole with 9#, 50 vis gel mud. Perforate 4 squeeze holes at 5633'. Set cmt. retainer @ 5533'. Squeeze 38 sx (45 cu.ft.) cmt. to cover Gallup top 5633-5533'. WOC 3 hrs. and tag plug. Displace hole w/9#, 50 vis gel mud to 4485'. Spot 73 sx (87 cu.ft.) cmt. inside csg 4485-3560' across Mesa Verde top. WOC 3 hrs. and tag plug. Displace hole with 9#, 50 vis gel mud to 2060'. Wireline set CIBP at 2060' to isolate lower wellbore. Perforate csg 1948-2020' across Fruitland Coal and complete.

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

SIGNED

TITLE Regulatory Affairs (CB) DATE 07-18-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

*See Instructions on Reverse Side