SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

ABANDON*

(other)

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

DEPARTMENT OF THE INTERIOR 6EOLOGICAL SURVEY	SF 078571 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different		
1. oil gas well to other	8. FARM OR LEASE NAME Day B	
2. NAME OF OPERATOR El Paso Natural Gas Company	9. WELL NO. 4 10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-27-N, R-8-W, NMPM	
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)		
AT SURFACE: 1700'S, 1616'W AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH San Juan NM	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	

6754 GE

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT

(NOTE: Report results of multiple completion g. change on Form 9-330.)

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA

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 permanently repair the casing failure by pulling the tubing, isolating the leak and squeeze cementing the failure. Following clean out, the casing will be tested to 700 psi, the tubing rerum and stund back into the retainer and the annulus loaded with corrosion inhibitor.

Subsurface Safet	y Valve: Man V and Type	SOIL CON 3 Ft.
\	ify that the foregoing is true and correct Project TITLE Drilling Engineer DA	2
	(This space for Federal or State office use)	
APPROVED BY	TITLE	DATE DE CONTROL

CONDITIONS OF APPROVAL, IF ANY:

(SGD.) MATHEW N. MILLENBACH

See Instructions on Reverse Side

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THE PROPERTY OF WREA MANAGER