

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

|                                                                                                                                                                                                                                                                                                                                  |                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1. Type of Well<br>GAS                                                                                                                                                                                                                                                                                                           | 5. Lease Number<br>SF-077980A                     |
| 2. Name of Operator<br>El Paso Natural Gas Company                                                                                                                                                                                                                                                                               | 6. If Indian, All.or<br>Tribe Name                |
| 3. Address & Phone No. of Operator<br>Box 4289, Farmington, NM 87499 (505) 326-9700                                                                                                                                                                                                                                              | 7. Unit Agreement Name<br>Huerfano Unit           |
| 4. Location of Well, Footage, Sec, T, R, M.<br>970'S, 1150'E Sec.8, T-26-N, R-9-W, NMPM                                                                                                                                                                                                                                          | 8. Well Name & Number<br>Huerfano Unit #232       |
|                                                                                                                                                                                                                                                                                                                                  | 9. API Well No.                                   |
|                                                                                                                                                                                                                                                                                                                                  | 10. Field and Pool<br>Basin Fruitland Coal        |
|                                                                                                                                                                                                                                                                                                                                  | 11. County and State<br>San Juan County, NM       |
| 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA                                                                                                                                                                                                                                                       |                                                   |
| Type of Submission                                                                                                                                                                                                                                                                                                               | Type of Action                                    |
| <input type="checkbox"/> Notice of Intent                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Abandonment              |
| <input checked="" type="checkbox"/> Subsequent Report                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Recompletion  |
| <input type="checkbox"/> Final Abandonment                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Plugging Back |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Casing Repair            |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Altering Casing          |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Other                    |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Change of Plans          |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> New Construction         |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Non-Routine Fracturing   |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Water Shut Off           |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Conversion to Injection  |
| 13. Describe Proposed or Completed Operations                                                                                                                                                                                                                                                                                    |                                                   |
| 11-11-90 MOL&RU. SDFN.                                                                                                                                                                                                                                                                                                           |                                                   |
| 11-13-90 Pump 55 BW down tbq. Work stuck pkr. NU BOP. TOO H w/tbg & pkr. TIH, circ 30 BW. PT 1500#, ok. SDFN.                                                                                                                                                                                                                    |                                                   |
| 11-14-90 TOO H w/tbg. Set FBP @ 3281'. PT csg 2500#, ok. Located top of csg failure @ 3490'. TOO H w/pkr. TIH w/tbg to 5800'. SDFN.                                                                                                                                                                                              |                                                   |
| 11-15-90 Set tbq @ 6066'. Pump 65 sx Class "B" w/2% calcium chloride, pull tbq to 5430', reverse circ 80 bbl. 9.0 ppg 50 vis mud. LD 68 jts tbq. TOO H w/110 jts. WOC. TIH, tag cmt @ 5460'. Set cmt ret @ 3283'. Pump 110 sx Class "B" cmt, displace w/10 BW. Pull tbq to 2200', reverse circ hole w/wtr. Ran CCL-GR-CNL. SDFN. |                                                   |
| 11-16-90 Set CIBP @ 2200'. PT 1000#/15 min, ok. TIH, circ w/2% KCl wtr. Swab. Spot 135 gal. 15% HCl @ 2175'. Perf 2022-29', 2032-50', 2080-87', 2130-43', 2166-72'. TIH w/SPIT tool. BD perfs w/460 gal. 15% HCl. Swabbed. SDFN.                                                                                                 |                                                   |
| 11-17-90 TOO H w/tool. Swabbed. SDFN.                                                                                                                                                                                                                                                                                            |                                                   |
| 11-18-90 Swabbed. Ran 69 jts 2 3/8", 4.7#, J-55 EUE 8rd tbq set @ 2163'. SN @ 2130'. ND BOP. NU WH. Released rig.                                                                                                                                                                                                                |                                                   |

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

Signed [Signature] Title Regulatory Affairs Date 11-16-90

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITION OF APPROVAL, IF ANY: \_\_\_\_\_

BY [Signature]

JAN 09 1991

FARMINGTON DISTRICT AREA