

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 03017
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 920'S, 1590'W		8. FARM OR LEASE NAME Huerfano Unit
14. PERMIT NO.		9. WELL NO. 180E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6543'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-26-N, R-09-W N.M.P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

7-21-85 PBTD 6734'. Tested casing to 4000#, ok. Perf'd 6652', 6554', 6556', 6558', 6560', 6562', 6564', 6578', 6581', 6634', 6636', 6638', 6640', 6642', 6644', 6646', 6648', 6650', 6666', 6669' w/l spz. Fraced with 40,000# 40/60 sand and 49,800 gallons treated water. Flushed with 4,300 gallons water.

Ran 211 jts. 2 3/8", 4.7#, J-55 EUE tubing set at 6674'.

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OIL CON. DIV.
DIST. 3

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

SIGNED Regan L. Oak TITLE Drilling Clerk DATE 8-6-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 13 1985

*See Instructions on Reverse Side

FARM _____

BY _____