(This space for Fe	at the foregoing is frue and correct  Machine Downly  deral or State office use)  APPROVAL, IF ANY:	TITLE	Drilling Clerk	OIL CON DIST. 3  DATE 7-17-85  AGGERTED FOR REGURD  DATE 355
8. I hereby certify the SIGNED (This space for Fe	ms Downey		Drilling Clerk	
8. I hereby certify the	ms Downey	TITLE	Drilling Clerk	7 17 00
$ olimits_{\mathcal{O}} $	at the foregoing is true and correct			OIL COM. DIV.
7-1-85				OIL CON. DIV.
7-1-85				OIL CON. DIS
7-1-85	;; ;			OIL CO.
7-1-85	::			
7-1-85				N La Contraction
7-1-85				IUI I
	CO to below squeeze	. Tested csg	2500 psi/ok.	
	2000 psi. WOC 18 ho			
0-30-03	pkr @ 913'. Cmt'd w	/50 sks clas		H w/Baker Retrievable (59 cu ft) @ 1 BPM &
6-30-85				H w/Rakan Datniayahla
	w/165 sks class B,	65/35 POZ mi: CaCl <sub>a</sub> (118 c	x, 6% ge1, 2% CaC u ft). Good mud c	1 <sub>2</sub> (267 cu ft), followed irculation at surface.
6-29-85	Set top drillable Di one squeeze hole. @	P @ 6200'. P: 1125'. TIH	ressure tested BP & set Baker Retric	to 4000 psi/ok. Perf'd evable pkr @ 913'. Cmt'd
wo this wors	- <b></b>			
17. DESCRIBE PROPOSED proposed work.	OR COMPLETED OPERATIONS (Clearly) If well is directionally drilled, give	state all pertinent de	Completion of Reco	impletion Report and Log form.) tes, including estimated date of starting anytical depths for all markers and zones perti-
REPAIR WELL (Other)	CHANGE PLANS		(Note: Report resu	ueeze Cementing X  ults of multiple completion on Well
SHOOT OR ACIDIZE	<del></del>		SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
TEST WATER SHU FRACTURE TREAT	T-OFF PULL OR ALTER CA	<del></del>	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL
	NOTICE OF INTENTION TO:		SUBS	BEQUENT REPORT OF:
16.	Check Appropriate Box	To Indicate Nati	ure of Notice, Report, o	
		6482 GL		San Juan NM
14. PERMIT NO.	15. ELEVATIONS	BUREAU C	OF LAND MANAGEMENT TON RESOURCE AREA GR. etc.)	Sec. 19, T-26-N, R-10-NMPM 12. COUNTY OR PARISH 13. STATE
	830'N 1160'E		JUL 1 7 1985	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
At surface	υ <del>ς</del> ιυ π. <i>)</i>	• '. —	-	Basin Dakota
P. O. Box 4289, Farmington, NM 87499  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)  At autrace				244E  10. FIELD AND POOL, OR WILDCAT
3. ADDRESS OF OPERA	LTOR	9. WELL NO.		
OIL GAS WELL X OTHER  2. NAME OF OPERATOR E1 Paso Natural Gas Company				8. FARM OR LEASE NAME Huerfano Unit
				7. UNIT AGREEMENT NAME Huerfano Unit
1.	Use "APPLICATION FOR PER	MIT—" for such prop	osals.)	7
(Do not use t	JNDRY NOTICES AND this form for proposals to drill or to	REPORTS Of	N WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
BUREAU CF LAND MANAGEMENT				SF 077933
	UNITED ST DEPARTMENT OF T		R SUBMIT IN TRIPLICATE (Other instructions on verse side)	
(November 1983) (Formerly 9-331)		ΔΤΕ	QI'DMIT IN MOTOR	Budget Bureau No. 1004-0135

\*See Instructions on Reverse Side

NMOCO

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the