UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. **Type of Well**
   GAS

5. **Lease Number**
   SF-077933
6. **If Indian, All.or Tribe Name**

7. **Unit Agreement Name**
   Huerfano Unit

2. **Name of Operator**
   El Paso Natural Gas Company

8. **Well Name & Number**
   Huerfano Unit #244E

3. **Address & Phone No. of Operator**
   Box 4289, Farmington,NM 87499 (505)326-9700

9. **API Well No.**

4. **Location of Well, Footage,Sec,T,R,M.**
   830'N, 1160'E Sec.19, T-26-N, R-10-W, NMPM

10. **Field and Pool**
    Basin Dakota
11. **County and State**
    San Juan County, NM

12. **CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA**

Type of Submission	Type of Action	
__ Notice of Intent	__ Abandonment	__ Change of Plans
	__ Recompletion	__ New Construction
__ Subsequent Report	__ Plugging Back	__ Non-Routine Fracturing
	__ Casing Repair	__ Water Shut Off
__ Final Abandonment	__ Altering Casing	__ Conversion to Injection
	__ Other	

13. **Describe Proposed or Completed Operations**

It is intended to repair the casing in this well in the following manner:

MOL&RU. NU BOP. Hold safety meeting and test BOP to 2000 psi. TOOH w/2 3/8" tbg. Locate casing failure. Squeeze holes w/50 sx Class "B" neat cement. Displace cement and WOC overnight. TOOH w/packer. CO to RTBP w/3 7/8" CO bit. Test squeeze to 2000 psi. TOOH. TIH w/2 3/8" tbg and overshot, release RTBP and TOOH. PU 2 3/8" tbg w/SN 1 jt. off bottom and TIH. Set tbg @ ± 6472'.

RECEIVED
AUG 3 1990
OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed _____ Title Regulatory Affairs Date 7/18/90

(This space for Federal or State office use)

APPROVED
JUL 24 1990
AREA MANAGER

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

NMOCD

HUERFANO UNIT #244E
A, SEC 19, T26N-R10W