

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 02515
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. 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 1500'S 930'W		8. FARM OR LEASE NAME Huerfano Unit
14. PERMIT NO.		9. WELL NO. 202E
		10. FIELD AND POOL, OR WILDCAT Basin Dakota
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6632' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-26-N, R-10-W NMPM
		12. COUNTY OR PARISH 13. STATE San Juan NM

RECEIVED

JUL 15 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

7-8-85 COTD set @ 6670'. Pressure tested casing to 4000 psi/held ok. Perf'd 6470, 6472, 6474, 6476, 6526, 6528, 6560, 6562, 6565, 6567, 6570, 6572, 6575, 6577, 6580, 6582, 6585, 6587, 6590, 6592 w/1 SPZ. Frac'd w/47,000# 40/60 sand, 67,550 gallons slickwater. Flushed w/4280 gallons water.

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

SIGNED *Louis Loney* TITLE Drilling Clerk DATE 7-11-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side