Form 3160-5

Form approved. Budget Bureau No. 1004-0135

November 1983) Formerly 9-331)	UNITED STATE DEPARTMENT OF THE BUREAU OF LAND MAN	INTERIOR	SUBMIT IN TRIPLICATE (Other instructions on reverse side)		N AND SERIAL NO.	
	INDRY NOTICES AND RE his form for proposals to drill or to dee Use "APPLICATION FOR PERMIT-	PORTS ON		6. IF INDIAN, AULOTI		
OIL GAS X OTHER				1	7. UNIT AGREEMENT NAME Huerfano Unit	
2. NAME OF OPERATOR				S. FARM OR LEASE N	S. FARM OR LEASE NAME	
El Paso Natural Gas Company				Huerfanc	Huerfano Unit	
DO D 4200 F ' 4 NT 07400				218E	218E	
PO Box 4289, Farmington, NM 8/499  1. LOCATION OF WELL (Report location clearly and in accordance with any state equirements See also space 17 below.)  At surface 860'N, 1470'E				Basin Da	Basin Dakota	
	Б	UREAU OF LAN	) <b>9</b> 1985 1 <u>0 maingument</u>	Sec. 29, T		
14. PERMIT NO.	15. ELEVATIONS (Sh	ow whether DF, RT, G	R, etc.)	12. COUNTY OR PARTS		
16.	Check Appropriate Box To	Indicate Natur	e of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO:			QUENT REPORT OF:	ENT REPORT OF:		
TEST WATER SHU	r-off PULL OR ALTER CASING	g	WATER SHUT-OFF	X Elpairing	WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING	CASING	
SHOOT OR ACTRIZE			SHOOTING OR ACIDIZING	AEANDONM	IENT*	
REPAIR WELL	CHANGE PLANS		(Other)	ts of multiple completio	n on Well	
(Other)				pletion Report and Log		

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 driled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spud well. Drilled surface hole to 239'. Ran 5 jts. 8 5/8", 24.0#, K-55 casing, 219' set at 233'. Cemented w/140 sks. Class "B" cement, 165 cu.ft., circulated to surface. WOC 12 hrs. Press. test csg. to 600#/30 min, ok. 5-6-85

8. i hereby certify that the foregoing is true and corn	rect	
SIGNED Jeggy Jack	TITLE Drilling Clerk	DATE 5-9-85
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

\*See Instructions on Reverse Side

