

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. 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 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 1450'S 1450'W | 8. FARM OR LEASE NAME Huerfano Unit |
| 14. PERMIT NO. | 9. WELL NO. 183E |
| | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-26-N, R-9-W NMMP |
| 15. ELEVATIONS (Show whether on or off resource area) 6556' GL | 12. COUNTY OR PARISH San Juan |
| | 13. STATE NM |

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 type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input checked="" type="checkbox"/> |
| (Other) | <input type="checkbox"/> | Running Casing | <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.) *

7-11-85 TD 6860'. Ran 172 jts, 4 1/2", 10.5 & 11.6#'s, K-55 production casing 6842' set at 6855'. Float collar set at 6841'. Stage tools set at 5021' and 2402'. Cmt'd 1st stage w/325 sks class B cmt, 50/50 POZ mix, 2% gel, 10% salt, 10% Cal-Seal, 1/4# fine tug-plug/sk (509 cu ft); 2nd stage cmt'd w/300 class B sks cmt, 65/35 POZ mix, 6% gel, 2% CaCl₂ (486 cu ft); 3rd stage cmt'd w/945 class B sks cmt, 65/35 POZ mix, 6% gel, 2% CaCl₂ (1529 cu ft). WOC. Top of cement @ 150'.

RECEIVED
JUL 10 1985
OIL & GAS DIV.
DIST. 2

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

SIGNED [Signature]

TITLE Drilling Clerk

DATE 7-12-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA