

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		5. LEASE DESIGNATION AND SERIAL NO. NM 03154
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1120'S, 1660'E		8. FARM OR LEASE NAME Ballard
14. PERMIT NO.		9. WELL NO. 14E
15. ELEVATIONS (Show whether BP, RT, GR, etc.) 6330' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-26-N, R- 9-W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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JUL 24 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	Running Casing <input checked="" 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.)*

7-21-85 TD 6680'. Ran 168 jts. 4 1/2", 10.5# & 11.6#, K-55 and J-55 production casing, 6667' set at 6680'. Float collar set at 6666'. Stage tools set at 4845' and 2192'.

Cemented 1st stage with 312 sks. Class "B" with 50/50 Poz, 2% gel, 10% salt, 10% cal-seal, 1/4#/sk. fine tuf-plug (437 cu.ft.); 2nd stage with 340 sks. Class "B" with 65/35 Poz, 6% gel, 2% calcium chloride (551 cu.ft.); 3rd stage with 615 sks. Class "B" with 65/35 Poz, 6% gel, 2% calcium chloride (996 cu.ft.). WOC. Top of cement @ 200'.

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JUL 26 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Peggy Doak Drilling Clerk
TITLE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

1985

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC