

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 031546
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 1540'S, 800'W		8. FARM OR LEASE NAME Ballard
14. PERMIT NO.		9. WELL NO. 11E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6332'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
AUG 07 1985		11. SEC., T., R., M., OR BLK. AND SUBJECT OR AREA Sec. 15, T-26-N, R-09-W NMPM
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. 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"/>	

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 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.) \*

8-3-85

TD 6688'. Ran 168 jts. 4 1/2", 11.6# & 10.5# K-55 production casing, 6676' set @ 6688'. Float collar set @ 6672'. Stage tools @ 4952' and 2202'. Cemented first stage with 280 sks. Class "B" 50/50 Pozmix, 2% gel, 10% salt, 10% Cal-seal, 1/4#/sk fine tuf-plug (392 cu.ft.), 2nd stage with 310 sks. Class "B" 65/35 Pozmix, 6% gel, 2% calcium chloride (502 cu.ft.), 3rd stage with 615 sks. Class "B" 65/35 Pozmix with 6% gel and 2% calcium chloride (996 cu.ft.). WOC 18 hours. Top of cement 150' T.S.

RECEIVED  
AUG 09 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Dea

TITLE Drilling Clerk

DATE 8-6-85

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE

1985

\*See Instructions on Reverse Side

NMOCC

FARMINGTON, NEW MEXICO

BY