

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 **RECEIVED**
(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.)

SEP 13 1985

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> X OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Howell F	
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 870'S, 1830'W		10. FIELD AND POOL, OR WILDCAT S. Blanco Pic. Cliff	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6716'GL	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-27-N, R-8-W N.M.P.M.	
		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 COMPLETION	<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 type="checkbox"/>
(Other)	<input type="checkbox"/>	Run 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.)*

9-11-85

Ran 107 jts. 2 7/8", 6.5#, J-55 production casing, 3236' set @ 3248'. Baffle @ 3237'. Cemented with 240 sks. Class "B" 65/35 Poz with 6% gel, 2% calcium chloride, and 1/2 cu.ft. perlite (463 cu.ft.) followed by 75 sks. Class "B" with 50/50 POZ, 2% gel (93 cu.ft.) WOC 18 hours. Top of cement @ 1400' T.S.

RECEIVED

SEP 18 1985

OIL CON. DIV.
DIST. 2

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

SIGNED Jerry L. Doak

TITLE Drilling Clerk

DATE 9-12-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

1985

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side

NMOCC