

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved:
Budget Bureau No. 1001-5175
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	7. UNIT AGREEMENT NAME Huerfano Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME Huerfano Unit
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 181E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1180'N, 1820'E	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-26-N, R-09-W NMPM
14. PERMIT NO. MAR 11 1986	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6470' GL	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Running Casing	

(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.)*

03-08-86 TD. 6732'. Ran 164 jts. 4 1/2", 10.5# and 11.6# J-55 production casing, 6719' set @ 6732'. Float collar set @ 6715'. Stage tools @ 4840' and 2248'. Cemented first stage with 178 sks. Class "B" 65/35 Pozmix, 6% gel and 2% calcium chloride, (288 cu.ft.) followed by 100 sks. Class "B" Poz with 2% gel, 2% calcium chloride and 1/4# fine tuf-plug (124 cu.ft.), 2nd stage with 340 sks. Class "B" 65/35 Pozmix, 6% gel, 2% calcium chloride (550 cu.ft.), 3rd stage with 670 sks. Class "B" 65/35 Pozmix with 6% gel and 2% calcium chloride (1085 cu.ft.). WOC 18 hours. Circulated to surface.

RECEIVED
MAR 20 1986
OIL CON. DIV.
DIST. 3

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

Drilling Clerk 03-10-86

SIGNED [Signature] TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC