

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	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. 205E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1180'S, 1000'W	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO. FEB 19 1986	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-26-N, R-9-W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6530' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED

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

CHECK APPROPRIATE BOX TO INDICATE INTENTION TO:		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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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) <u>Running Casing</u>	
(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.)*			

2-15-86

TD 6758'. Ran 166 jts. 4 1/2", 10.5 & 11.6#'s, K-55 production casing 6746' set @ 6758'. Float collar set @ 6740'. Stage tools @ 4825' and 2230'. Cemented first stage with 190 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (308 cu.ft.) followed by 100 sks class B, 50/50 POZ mix, 2% gel, 2% calcium chloride, 1/4# fine tuf-plug/sk (124 cu ft). 2nd stage with 272 sks. Class "B" 65/35 Poz mix, 6% gel, 2% calcium chloride (441 cu.ft.), 3rd stage with 627 sks. Class "B", 65/35 Poz mix with 6% gel and 2% calcium chloride (1016 cu.ft.). WOC 18 hours. Circulated to surface.

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

SIGNED

TITLE Drilling Clerk

DATE

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

FEB 21 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

*See Instructions on Reverse Side

NMOC