

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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.)

5. LEASE DESIGNATION AND SERIAL NO.  
NM 03017

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Huerfano Unit

8. FARM OR LEASE NAME  
Huerfano Unit

9. WELL NO.  
200E

10. FIELD AND POOL, OR WILDCAT  
Basin Dakota

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Sec. 6, T-26-N, R-9-W  
N.M.P.M.

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
Post Office Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1765'N, 810'E

RECEIVED

14. PERMIT NO.  
MAR 07 1986

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6558'GL

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

PREVIOUS ATTENTION 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>Spud Well</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.)\*

3-6-86 Spudded well at 2:00 p.m. 3-6-86. Drilled to 225'. Ran 5 jts. 8 5/8", 24.0#, K-55 surface casing set at 225'. Cemented with 151 sks. Class "B", with 1/4# gel flake/sk, 3% calcium chloride, (178 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

RECEIVED  
MAR 18 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature] TITLE Drilling Clerk

ACCEPTED FOR RECORD  
DATE 3-7-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE MAR 12 1986

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side

NMOCC