

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Huerfano Unit
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
El Paso Natural Gas Company	Huerfano Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1180'N, 1500'E	9. WELL NO.
	193E
	10. FIELD AND POOL, OR WILDCAT
	Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 29, T-26-N, R-9 -W
14. PERMIT NO. FEB 26 1986	12. COUNTY OR PARISH
	N. M. P. M.
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6526'GL	13. STATE
	San Juan NM

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

NOTICE OF 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) <input type="checkbox"/>	

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.)*

02-06-86 TD. 6771'. Ran 166 jts. 4 1/2", 10.5# & 11.6#, K-55 casing, 6759' set @ 6771'. Cemented with 189 sks. Class "B" 65/35 Poz with 6% gel and 2% calcium chloride (306 cu.ft.) followed by 100 sks. Class "B" 50/50 Poz with 2% gel, 2% calcium chloride and 1/4# fine tuf-plug/sk. (124 cu.ft.); second stage with 272 sks. Class "B" 65/35 Poz with 6% gel and 2% calcium chloride (441 cu.ft.). Could not open third stage cementing tool. WOC 18 hours. Tool @ 2245'

02-16-86 MORU. Attempted to open stage collar w/tbg., could not open tool. Cleaned out to PBTD. Pressure test csg. to 4000 psi, ok. Perforated 6505', 6507', 6509', 6511', 6513', 6515', 6517', 6519', 6544', 6598', 6601', 6608', 6610', 6612', 6614', 6618', 6632', 6634', 6692' w/1 spz. Treated w/45,000# 40/60 sand and 66,835 gallons treated water. Flushed w/4,200 gallons. Cleaned well out w/gas.

02-18-86 Set BP @ 6400'. Perforated squeeze hole to 2250'. Established circ. w/surface. Set packer at 2030'. Squeeze cemented w/315 sks. Class "B" 65/35 Poz with 6% gel and 2% calcium chloride (510 cu.ft.) Circulated 16 bbls.cmt. to surface. WOC. (cont'd on back)

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Drilling Clerk

DATE 02-25-86

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC

02-19-86 Cleaned out squeeze cement. Pressure tested csg., did not hold. Set packer @ 2030'. Squeeze cemented with 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 18 hours.

02-20-86 Cleaned out squeeze cement. Pressure tested csg to 2000 psi, ok. Cleaned out to PBTD.