

**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 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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR El Paso Natural Gas Company</p> <p>3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1190'N, 1190'E</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF 080795</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Huerfano Unit</p> <p>8. FARM OR LEASE NAME Huerfano Unit</p> <p>9. WELL NO. 184E</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Dakota</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-26-N, R-10-W N.M.P.M.</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>14. PERMIT NO. APR 08 1986</p>	<p>15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6672' GL</p>

RECEIVED

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

<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF</td> <td><input type="checkbox"/></td> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPLETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE</td> <td><input type="checkbox"/></td> <td>ABANDON*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL</td> <td><input type="checkbox"/></td> <td>CHANGE PLANS</td> <td><input type="checkbox"/></td> </tr> </table> <p>(Other) _____</p>	TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	<p>SUBSEQUENT REPORT OF:</p> <table border="0"> <tr> <td>WATER SHUT-OFF</td> <td><input type="checkbox"/></td> <td>REPAIRING WELL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT</td> <td><input type="checkbox"/></td> <td>ALTERING CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING</td> <td><input type="checkbox"/></td> <td>ABANDONMENT*</td> <td><input type="checkbox"/></td> </tr> </table> <p>(Other) _____</p> <p align="center"><small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small></p>	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"/>
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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.)*

03-16-86 Set BP @ 6513'. Perforated one squeeze hole @ 2456'. Squeeze cemented with 700 sks. Class "B" 65/35 Poz with 6% gel and 2% calcium chloride (1134 cu.ft.). Circulated cement to surface.

03-17-86 Cleaned out to below squeeze hole. Pressure tested casing to 1200#, held ok. Cleaned out to PBTD.

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

SIGNED *Jean Dook* TITLE Drilling Clerk DATE 04-07-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side
NMOCG