

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

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>SF 079250</b></p>
<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		<p>7. UNIT AGREEMENT NAME <b>San Juan 28-5 Unit</b></p>
<p>2. NAME OF OPERATOR <b>El Paso Natural Gas Company</b></p>		<p>8. FARM OR LEASE NAME <b>San Juan 28-5 Unit</b></p>
<p>3. ADDRESS OF OPERATOR <b>Post Office Box 4289, Farmington, NM 87499</b></p>		<p>9. WELL NO. <b>19A</b></p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1190'S, 1450'E</b></p>		<p>10. FIELD AND POOL, OR WILDCAT <b>Blanco Mesa Verde</b></p>
<p>14. PERMIT NO. <b>OCT 02 1985</b></p>		<p>11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA <b>Sec. 10, T-28-N, R-5-W N.M.P.M.</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) <b>6724' GL</b></p>		<p>12. COUNTY OR PARISH   13. STATE <b>Rio Arriba   NM</b></p>

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

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

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.)\*

9-23-85 TD 3999'. Ran 98 jts. 7", 20.0#, K-55 casing 3987' set @ 3999'. Cemented with 100 sks. Class "B", 65/35 POZ mix, 6% gel, 2% calcium chloride, 1/2 cu ft Perlite/sk (193 cu.ft.) followed by 100 class B, 2% calcium chloride (118 cu ft). WOC 12 hours. Held 1200#/30 minutes. Top of cement @ 3400'.

9-26-85 TD 6347'. Ran 58 jts. 4 1/2", 10.5# , K-55 casing liner 2491' set @ 6347'. Float collar set at 6335'. Top of liner set at 3856'. Cmt'd w/50 class B sks, 50/50 POZ mix, 2% gel, 0.6% Halad-9 (62 cu ft), followed by 275 class B, 50/50 POZ mix, 2% gel, 6.25# Gilsonite, 1/4# Flocele, 0.6% Halad-9 (374 cu ft). WOC 18 hrs.

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OCT 1985  
DNL

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

SIGNED *Arnie Louney* TITLE Drilling Clerk DATE 10-1-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**

**OCT 02 1985**

\*See Instructions on Reverse Side  
**NMOCC**

FARMINGTON RESOURCE AREA