## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

|  | :  | SUNDRY NOTICES AND RE   | EPORTS                               | ON WELLS   |
|--|--|---|--------------------------------------|--|
| 1. TY  | YPE OF WELL<br>GAS                         |   |                                      | LEASE NUMBER SF-080505A IF INDIAN,ALL. OR TRIBE NAME                                     |
| 2. (   | 2. OPERATOR MENLINGEL PASO NATURAL GAS CO. |   |                                      | UNIT AGREEMENT NAME<br>SAN JUAN 28-6 UNIT  |
| 3. I   | P O BOX 4289 FARMINGTON, NM 87499          |   |                                      | FARM OR LEASE NAME SAN JUAN 28-6 UNIT WELL NO. 402                                       |
| 4. I   | 4. LOCATION OF WELL<br>1525'S 2505'W       |   |                                      | FIELD, POOL, OR WILDCAT BASIN FRUITLAND COAL SEC. T. R. M OR BLK. SEC. 11 T28N R06W NMPM |
|  | PERMIT NO.<br>9-24389                      | 15. ELEVATIONS 6475'GL  | 12.                                  | COUNTY 13. STATE RIO ARRIBA NM   |
| 16.  | SUBSEQUENT REPO                            | ORT OF: SPUD  |                                      | n start  |
| 17. De   | escribe propose                            | ed or completed opera   | tions                                | JANOSES  |
| S  | SPUD DATE: 120889 SPUD TIME: 1700          |   |                                      | OIL CON. DIV.<br>DIST. 3   |
|  | Cemented v<br>Flocele/sa<br>Circulated     | in 5 jts of 8 5/8" 24 with 110 sacks of Clanck and 3% calcium chall 1 bbl to surface. Sested to 600 psi for | nss B<br>nlorid<br>WOC               | e,( 130 cu ft.).<br>12 hours.  |
|  | Lead with Poz, and (Tail with 0.8% fluid   | Ran 77 jts of 5 1/2<br>770 sacks of Class E<br>0.4% fluid loss addit<br>100 sacks of Class E                | 3 ceme<br>:ive (<br>3 50/5<br>. cu f | 901 cu ft.).<br>0 Poz, 2% gel, and<br>t.). Temperature survey                            |
| 18. AUTHORIZED BY: REGULATORY AFFAIRS            |  |   |                                      | 12-20-89<br>DATE   |
|  |  | S ISSUED IN LIEU OF   |                                      |  |
|  |  | eral or State office  |                                      |  |
| APPROVED BY TITLE CONDITION OF APPROVAL, IF ANY: |  |   |                                      | DATE   |
| CONDITION OF APPROVAL, IF ANY:                   |  |   |                                      | SMIL   |

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