

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator El Paso Natural Gas Company</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505)326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 1070'S, 1000'W Sec.33, T-27-N, R-10-W, NMPM</p>	<p>5. Lease Number NM-02516</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name Huerfano Unit</p> <p>8. Well Name & Number Huerfano Unit #22</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State San Juan County, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	

13. Describe Proposed or Completed Operations

08-15-90 MOL&RU. Kill well w/30 BW. ND WH. NU BOP. TOOH w/102 jts 1 1/4" tbg. TIH w/scrapper to 2115'. TOOH. Ran GR, CCL, CNL. SDFN.

08-16-90 Set 5 1/2" CIBP @ 2112'. PT csg & BP 1000#/15 min, ok. TIH w/tbg. Circ w/2% KCl wtr. SDFN.

08-17-90 Spot 200 gal. acid @ 2108'. Pull tbg to 1620'. Swabbed. Perf 1936-38', 1944-56', 1958-60', 1986-88', 1991-94', 2092-94', 2100-10'. TIH w/SPIT tool. Perf'd w/420 gal. 7.5% acid. TOOH w/tool. Swabbed well. SDFN.

08-18-90 Swabbed. SDFN.

08-19-90 Ran 66 jts 2 3/8", 4.7#, J-55 EUE tbg set @ 2002'. SN @ 1971'. Released rig.

14. I hereby certify that the foregoing is true and correct
Signed *John Deak* Title Regulatory Affairs Date 8-24-90

(This space for Federal or State office use) ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE SEP 06 1990

CONDITION OF APPROVAL, IF ANY: _____

FARMINGTON RESOURCE AREA
BY *MT*