

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

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF 078566 A

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 P.O. Box 4289, Farmington, New Mexico</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with applicable State requirements. See also space 17 below.) At surface 990 FSL - 1650 FWL</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Howell</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T28N, R8W, NMPM</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5812 GL</p>

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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) _____	

(Other) **Sidetrack, Case, Cement, & Frac XX**

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

In order to increase production it is planned to workover and restimulate this well in the following manner:
 Pull tubing, set a drillable bridge plug near the bottom of the 7" casing & pressure test to 1000 psi.
 If tubing is stuck, cut off tubing approximately 100' below the 7" casing shoe, set a drillable cement retainer near the bottom of the 7" casing, squeeze the open hole with approximately 200 sks. cement.
 Pressure test the 7" casing to 1000 psi.
 Isolate & squeeze cement any leaks. If leaks are squeezed near the base of the Ojo Alamo, no additional block squeeze of the 7" annulus is planned.
 If there are no leaks near the base of the Ojo Alamo, perforate two squeeze holes at the base of the Ojo Alamo and block squeeze the 7" annulus with approximately 125 sks cement.
 Clean out if hole conditions permit, otherwise, sidetrack and drill to approximately 4850'.
 Run a full string of 4 1/2" production casing and sufficient amount of cement to tie into the 7" casing shoe. Selectively perforate & sandwater frac the Mesa Verde formation.

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**OIL CON. DIV.
DIST. 3 APPROVED**

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

SIGNED *Regan Cook* TITLE Drilling Clerk DATE 7--31--85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

AUG 02 1985
DATE
John S. Keller
AREA MANAGER
FARMINGTON RESOURCE AREA

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.