

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078566A	
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 84799		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450'N 790'W		8. FARM OR LEASE NAME Howell	
RECEIVED JUL 12 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA 5869' GL		9. WELL NO. 2A	
		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-28-N, R-8-W NMPM	
15. ELEVATIONS (Show FARMINGTON RESOURCE AREA)		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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) Running Csg. <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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.)\*

7-6-85 TD 2620'. Ran 61 jts, of 7" 20#, K-55 intermediate casing 2606' set @ 2618'. Cmt'd w/150 class B sks cmt, 65/35 POZ mix, w/6% gel, 2% CaCl<sub>2</sub> (290 cu ft), followed by 100 class B sks cmt, 2% CaCl<sub>2</sub> (118 cu ft). WOC 12 hours. Held 1200#/30 min. Top of cement @ 800'.

7-9-85 TD 5048'. Ran 66 jts, of 4 1/2", 10.5#, J-55 casing liner 2612' set at 5048'. Top of Liner @ 2436'. Float collar set at 5035'. Cmt'd w/50 class B sks cmt, 50/50 POZ mix, 2% gel, 0.6% fluid loss additive (D-19) (62 cu ft), followed by 285 class B sks cmt, 50/50 POZ mix, 2% gel, 6.25# Gilsonite/sk, 1/4# Cellophane-flake/sk, 0.6% fluid loss additive (D-19) (388 cu ft). WOC 18 hours.

RECEIVED  
JUL 17 1985

OIL CON. DIV.  
DIST. 3

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

SIGNED Rogger L. Oach

TITLE Drilling Clerk

DATE 7-10-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA