

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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. <b>OIL WELL</b> <input type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b>		7. <b>UNIT AGREEMENT NAME</b>
2. <b>NAME OF OPERATOR</b> El Paso Natural Gas Company		8. <b>FARM OR LEASE NAME</b> Hancock
3. <b>ADDRESS OF OPERATOR</b> P. O. Box 4289, Farmington, NM 87499		9. <b>WELL NO.</b> 4A
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  810'N 1560'W		10. <b>FIELD AND POOL, OR WILDCAT</b> Blanco Mesa Verde
14. <b>PERMIT NO.</b>		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 23, T-28-N, R-9-W NMPM
15. <b>ELEVATIONS</b> (Show whether DT, ET, GL, etc.) 6164' GL		12. <b>COUNTY OR PARISH</b> San Juan
		13. <b>STATE</b> NM

RECEIVED

JUL 18 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Run Casing &amp; Spud Well</u> <input checked="" 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.)\*

7-13-85 Spudded well at 7:30 PM 7-12-85. Drilled to 307'. Ran 7 jts, 9 5/8", 32.3, H-40 surface casing set at 299'. Cmt'd w/130 sks class B cmt, 1/4# Flocele, 3% CaCl<sub>2</sub> (153 cu ft). Circ. to surface. WOC 12 hours. Tested 600 psi/30 min. Held ok.

7-15-85 TD 2820'. Ran 66 jts, of 7", 20#, K-55 intermediate casing 2807' set at 2819'. Cmt'd w/160 class B sks cmt, 65/35 POZ mix, 6% gel, 2% CaCl<sub>2</sub>, 1/2 cu ft Perlite/sk (309 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 @ 1000'.

JUL 19 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Peggy Coal

TITLE Drilling Clerk

DATE 7-17-85

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

NMOCC