

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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JUL 24 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) <input type="checkbox"/>	Running Casing <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.)*

TD 5159'. Ran 63 jts. 4 1/2", 10.5#, K-55 casing liner, 2491' set @ 5159'. Float collar set @ 5149'. Top of liner hanger @ 2668'. Cemented with 50 sks. Class "B" 50/50 Poz, 2% gel and 0.6% Halad-9 (62 cu.ft.) and 275 sks. Class "B" 50/50 Poz with 2% gel, 6.25# gilsonite, 1/4# flocele and 0.6% Halad-9 (374 cu.ft.) WOC 18 hours. Circulate cement to surface.

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AUG 06 1985

OIL CON. DIV.
DIST. 3

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

SIGNED *2994 Doad*

TITLE Drilling Clerk

DATE 7-23-85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

AUG 1985

FARMINGTON RESOURCE AREA

BY *[Signature]*

*See Instructions on Reverse Side

NMOCC