

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 <input type="checkbox"/>	50 SEP 23 PM 3:37	5. LEASE DESIGNATION AND SERIAL NO. SF-079757
2. NAME OF OPERATOR El Paso Natural Gas Company	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 87499	RECEIVED SEP 28 1988 OIL CON. DIV DIST. 3	7. UNIT AGREEMENT NAME San Juan 29-4 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 820'N, 1040'W		8. FARM OR LEASE NAME San Juan 29-4 Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, ST, GR, etc.) 7345'GL	9. WELL NO.
		10. FIELD AND POOL, OR WILDCAT E. Blanco PC
		11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA Sec. 8, T29N, R4W
		12. COUNTY OR PARISH 13. STATE Rio Arriba 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 COMPLETION <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) <input type="checkbox"/>	

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (legibly 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.)\*

The following was completed to BLM specifications as stated in letter dated 09-08-99.

1. A permanent monument was cemented in the wellbore. It is labeled with the operators name, well name and number, legal location and lease number.
2. All fences, production equipment, purchaser's equipment, concrete slabs, deadman (anchors), flowlines, risers, debris and trash were removed from location.
3. All oily soil and fluids were properly disposed of.
4. Pits were filled in and the edges of the pads shaped to conform to the natural terrain.
5. Pads were leveled, dressed up by a maintainer, ripped and disked.
6. Access roads were leveled, waterbarred, disked and blocked off with earthen berms.
7. All disturbed areas were seeded 9-13-88.

ACCEPTED FOR RECORD

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

SIGNED [Signature] TITLE Regulatory Affairs DATE SEP 26 1988

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] BY [Signature]

CONDITIONS OF APPROVAL, IF ANY:

NMCCG

\*See Instructions on Reverse Side