

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"/>	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR El Paso Natural Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499	7. UNIT AGREEMENT NAME San Juan 29-7 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1575'N, 510'E	8. FARM OR LEASE NAME San Juan 29-7 Unit
14. PERMIT NO.	9. WELL NO. 30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6811' GL	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-29-N, R-7-W NMPM
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

18. 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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)\*

- 2-9-85 Ran CBL, top of cement 3500'. Perforated squeeze hole at 3200'. Could not pump into formation. Perforated squeeze hole at 2900'.
- 2-10-85 Established rate. Cemented with 354 cu.ft. cement. Good circulation throughout job. Ran temperature survey. Top of cement at 1750'.
- 2-11-85 Drilled out to below 7" casing. Well would not dry up. Set bridge plug at 3473'. Squeeze cemented squeeze hole at 3200' with 59 cu.ft. cement. WOC 4 hrs. Cleaned out to bridge plug. Set cement retainer between squeeze holes at 3091'. Squeeze cemented with 59 cu.ft. cement.
- 2-12-85 Cleaned out to below 7" casing with gas. Hole still would not dry up. Set bridge plug at 3940', perforated one squeeze hole at 3920'. Set cement retainer at 3868', squeeze cemented casing shoe with 118 cu.ft. cement. WOC
- 2-14-85 Drilled out squeeze cement and continued to gas drill new hole.

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

SIGNED

TITLE Drilling Clerk

DATE March 8, 1985

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 21 1985

RECEIVED

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY