

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME San Juan 29-7 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME San Juan 29-7 Unit
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 37A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 820'N, 1845'W	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-29-N, R-7-W N.M.P.M.	12. COUNTY OR PARISH Rio Arriba
13. STATE NM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6369' GL

RECEIVED

16. DEC 18 1985

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

BUREAU OF LAND MANAGEMENT
FARMINGTON REGIONAL OFFICE

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/>
<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/>
<input type="checkbox"/> SHOOTING OR ACIDIZING	<input type="checkbox"/>
<input type="checkbox"/> (Other)	<input type="checkbox"/>
<input type="checkbox"/> REPAIRING WELL	<input type="checkbox"/>
<input type="checkbox"/> ALTERING CASING	<input type="checkbox"/>
<input type="checkbox"/> ABANDONMENT*	<input type="checkbox"/>

Spud Well

(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.)*

12-14-85 Spudded well at 3:30 p.m. 12-14-85. Drilled to 234'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 226'. Cemented with 125 sks. Class "B", with 1/4# gel flake/sk, 3% calcium chloride, (148 cu.ft.). Circulated to surface. WOC 12 hours. Tested 600#/30 minutes, held ok.

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DEC 20 1985
OIL & GAS DIV.
DENVER

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

SIGNED

Deputy

TITLE

Drilling Clerk

DATE

12-16-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC