Form: 3160-5			Form approved. Budget Bureau No. 1004-0135
(November 1983)	UNITED STATES	SUBMIT IN TRIPLICATE	Expires August 31, 1985
(Formerly 9-331)	DEPARTMENT OF THE INTE		
	BUREAU OF LAND MANAGEMI	ENT	SF 078423 .
	NDRY NOTICES AND REPORTS Form for proposals to drill or to deepen or pluse "APPLICATION FOR PERMIT—" for such	ug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS			7. UNIT AGREEMENT NAME
WELL WELL	X OTHER		San Juan 29-7 Unit
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
	El Paso Natural Gas Con	npany	San Juan 29-7 Unit
3. ADDRESS OF OPERATOR			9. WELL NO.
·· ·	Post Office Box 4289, Fa	ermington, NM 87499	54A
Post Office Box 4289, Farmington, NM 87499 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120'N, 1850'W			10. FIELD AND POOL, OR WILDCAT
			Blanco Mesa Verde
			11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
RECEIVED			Sec. $14, T-29-N, R-7-1$
14. PERMIT NO.	15. ELEVATIONS (Show whether		N.M.P.M.
DEC 10 193	2C		12. COUNTY OR PARISH 13. STATE
<u> </u>	33 (5245 GL	Rio Arriba NM
BUREAU OF LAND MAN. FARMINGTON RESOUR TEST WATER SHUT-01	NOTICE OF INTENTION TO:		DENT REPORT OF:
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	Spud Well
(Other)		(Norm: Report results Completion or Recompl	of multiple completion on Well etion Report and Log form.)
7. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	COMPLETED OPERATIONS (Clearly state all pertinued is directionally drilled, give subsurface to	neut details and give portinent dates	including estimated data of stanting and
12-7-85	5 Spudded well at 12:0	00 a.m. 12-7-85. Dr	illed to 224'. Ran
12 , 03	jts. 9 5/8", 32.2#,	H-40 surface casing	set at 214'.
			1/4# gel flake/sk, 35
	calcium chloride, (1		
	12 hours. Tested 60	00#/30 minutes, held	lok.
		r* .	
		The same	CERVED

OIL CON. DIV.

8. I hereby certify that the foregoing is true and correct SIGNED		DATE 12-9-85
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side