Form 3160-5 (November 1983) (Formerly 9-331)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE REPAIR WELL

STATES SUBMIT IN TRIPLICATES (Other instructions on re-UNITED STATES

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

ALTERING CASING

SF 078424

ALIMENI	OF	ILE MAIEVION ASSESSED	
URFALLOF	AND	MANAGEMENT	

MULTIPLE COMPLETE

CHANGE PLANS

		EPORTS ON WELLS epen or plug back to a different reservo "" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAM.		
1.			7. UNIT AGREEMENT NAME		
OIL GAS WELL WELL	OTHER		San Juan 29-7 Unit		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
E.1	Paso Natural Ga	is Company	San Juan 29-7 Unit		
3. ADDRESS OF OPERATOR	, , , , , , , , , , , , , , , , , , , ,		9. WELL NO.		
Po	st Office Box 42	289, Farmington, NM 874	499 45A		
4. LOCATION OF WELL (Report See also space 17 below.)	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				
	40'N, 1605'W		Blanco MV/Basin Dk		
	10 N, 1000 H	11. SEC., T., E., M., OR BLE. AND SURVEY OR ARMA			
	Sec.20, T-29-N, R-7-				
RECEIVE	.D		N.M.P.M.		
14. PERMIT NO.	15. ELEVATIONS (Sh	how whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE		
JAN 1 5 198	36	6901'GL	Rio Arriba NM		
		Indicate Nature of Notice, Repo	oort, or Other Data		
BUREAU OF LAND MANA FARMINGTON RESOUR	GEMENTION TO: CE AREA		SUBSEQUENT REPORT OF:		

er) Running Casing (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 gones pertinent to this work.) *

TD 3970'. Ran 91 jts. 9 5/8", 40.0 #, N-80 casing 3957' set @ 3969'. Cemented with 398 sks. Class "B", 65/35 POZ mix, 6%1-5-86 gel, 2% calcium chloride 1/2 cu ft Perlite/sk (768 cu ft), followed by 100 class B, 2% calcium chloride (118 cu ft). WOC 12 hours. Held 1200#/30 minutes. Top of cement @ 3000'.

WATER SHUT-OFF

FRACTURE TREATMENT

TD 6435'. Ran 62 jts. 7", 23.0#, N-80 casing liner 2640' set 1-7-86 @ 6435'. Float collar set @ 6388'. Top of Liner @ 3794'. Cemented with 50 sks. Class "B", 50/50 POZ mix, 2% gel, 0.6% FLA (62 cu ft), followed by 442 class B, 50/50 POZ mix, 2% gel, 6.25# Gilsonite, 1/4# celoflake, 0.6% FLA (601 cu ft). WOC 18 hours.

TD 8135'. Ran 45 jts. 4 1/2", 10.5#, J-55 casing liner 1830' 1-13-86 set @ 8130'. Float collar set at 8122'. Top of liner @ 6300'. Cmt'd w/87 class B, 8% gel, 0.4% HR-7 (159 cu ft), followed by 100 class B, 1/4# fine tuf-plug/sk, 0.4% HR-7 (118 cu ft). WOC 18 hrs.

18. I	hereby certify that the foregoing is true and correct			· ·	3428	3 8 8 5 4 5	
81	CNED / Day Lah	TITLE .	Drilling	Clerk	14 II. 1	DATE	1-14-86
(7	his space for Federal or State office use)						- Syn of the
	PPROVED BY	TITLE .		<i>₹</i> }		DATE	
C	ONDITIONS OF APPROVAL, IF ANT:			F, C	NZ 4 1986	1 2 5 6 14 15	الله . النام المجلس ورام الدارات الم

OIL CON. DIV.

*See Instructions on Reverse Side DIST. 3 NMOCC