

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	5. LEASE DESIGNATION AND SERIAL NO. SF 078945
2. NAME OF OPERATOR El Paso Natural Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office 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 1120'N, 1120'W	8. FARM OR LEASE NAME San Juan 29-7 Unit
	9. WELL NO. 124M
	10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin DK
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-29-N, R-7-W N.M.P.M.
14. PERMIT NO. JAN 08 1986	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6499'GL	13. STATE NM

RECEIVED

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

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		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 COMPLETE <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) Running Casing <input type="checkbox"/>	
(Other)		(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.)*

12-30-85 TD 3605'. Ran 83 jts. 9 5/8", 40.0#, N-80 casing 3581' set @ 3593'. Cemented with 387 sks. Class "B", 65/35 POZ mix, 6% gel, 2% calcium chloride 1/2 cu ft Perlite/sk (747 cu ft), followed by 100 class B, 2% calcium chloride (118 cu ft). WOC 12 hours. Held 1200#/30 minutes. Top of cement @ 1800'.

1-3-86 TD 6050'. Ran 61 jts. 7", 23.0#, N-80 casing liner 2592' set @ 6047'. Float collar set @ 6003'. Top of Liner @ 3455'. Cemented with 50 sks. Class "B", 50/50 POZ mix, 2% gel, 0.6% FLA (62 cu ft), followed by 437 class B, 50/50 POZ mix, 2% gel, 6.25# Gilsonite, 1/4# flocele, 0.6% Halad-9, (594 cu ft). WOC 18 hours.

1-6-86 TD 7765'. Ran 45 jts. 4 1/2", 11.6#, K-55 casing liner 1822' set @ 7765'. Float collar set at 7757'. Top of liner @ 5943'. Cmt'd w/89 class B, 8% gel, 0.4% HR-7 (166 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

SIGNED Reggie Doak

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED
JAN 13 1986
OIL CON. DIV.
DIST. 3
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC