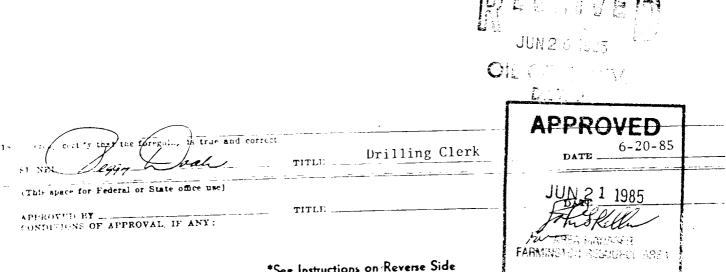
•	UNITED STATES DEPARTMENT OF THE INTI BUREAU OF LAND MANAGEM	ENT	Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARE DESIGNATION AND SERIAL NO. SF 078416 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUND	RY NOTICES AND REPORT FOR PROPERTY OF THE PROP	S ON WELLS lug back to a different reservoir.	7. UNIT AGREEMENT NAME
OIL GAB WELL X OTHER WELL THE OTHER 2. NAME OF OPERATOR E1 Paso Natural Gas Company			8. FARM OR LEASE NAME Hardie A 9. WBLL NO.
3. ADDRESS OF OPERATOR P. O. BOX 4289 4. LOCATION OF WELL (Re See also space 17 below At surface	Farmington, NM 87499 port location clearly and in accordance with	JUN 2 0 1965	3 10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs 11. BEC., T., R., M., OR BLR. AND BURYET OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show wheth	08' GL	Sec. 26, T-29-N, R-8-W NMPM 12. COUNTY OR PARISE 13. STATE San Juan NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C			Other Data
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE	THE CASING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING CABING ABANDONMENT®

(Norm: 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 gones pertinent to this work.) **

CHANGE PLANS

REPAIR WELL

It is intended to permanently repair the casing failure by pulling the tubing and packer, setting a sand plug across the perforations and isolating the leak w/a test packer. The casing failure will be squeeze cemented with a sufficient amount of cement to isolate the leak. Following clean out packer and tubing will be rerun.



*See Instructions on Reverse Side