

CORRECTED COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF078415A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR El Paso Natural Gas Company		8. FARM OR LEASE NAME Roelofs A
3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401		9. WELL NO. 4A
4. LOCATION OF WELL (Report location clearly and in accordance with all State requirements. See also space 17 below.) At surface 1735'N, 1150'W		10. FIELD AND POOL, OR WILDCAT Blanco MV
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-29-N, R-8-W N.M.P.M.
15. ELEVATIONS (Show whether on GR, etc.) 6655' M. G. CON. COM. DIST. 3		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

(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.)*

02-06-76 TD 3649'. Ran 93 joints 7", 23#, N-80 and KE intermediate casing, 3637' set at 3649'. Cemented with 367 cu. ft. cement. WOC 12 hours, held 1200#/30 minutes. Top of cement at 3000'.

02-10-76 TD 5904'. Ran 55 joints 4 1/2", 10.23#, API-X52EE casing liner, 2417' set from 3487-5904'. Float collar set at 5887'. Cemented with 420 cu. ft. cement. WOC 18 hours.

* 04-14-76 Set 4 1/2" bridge plug at 5887' to isolate casing leak at shoe joint. Ran 7" RTTS packer set at 2046' to isolate leak at 2163-2193'. Squeezed under packer with 118 cu. ft. cement. Released packer. WOC 12 hours.

04-16-76 PBTD 5887'. Tested casing to 4000#, OK. Perf'd 4926', 4942', 4977', 4994', 5015', 5047', 5092', 5172', 5220', 5233', 5298', 5342', 5370' with 13 shots per zone. Frac'd with 60,000#--20/40 sand and 65,890 gallons water. No ball sets dropped. Flushed with 7200 gallons water.

Perf'd 5514', 5522', 5527', 5538', 5550', 5554', 5582', 5601', 5624', 5666', 5685', 5745', 5787', 5804', 5824', 5875' with 16 shots per zone. Frac'd with 42,000#--20/40 sand and 46,000 gallons water. No ball sets dropped. Flushed with 7520 gallons water.

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

SIGNED M. G. Davis TITLE Drilling Clerk DATE May 13, 1976

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side