

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

SF 080711A

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 formation.  
On "APPLICATION FOR PERMIT" for such proposals.)

|                                                                                                                                                     |                                                          |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                    | FARMINGTON RESOURCE AREA<br>FARMINGTON, NEW MEXICO       | 7. ACRES AGREEMENT NAME<br>San Juan 30-6 Unit                                              |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company                                                                                                  |                                                          | 8. FARM OR LEASE NAME<br>San Juan 30-6 Unit                                                |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499                                                                                |                                                          | 9. WELL NO.<br>58A                                                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below)<br>At surface 800'N, 1930'W |                                                          | 10. FIELD AND POOL, OR WILDCAT<br>Ojo Alamo                                                |
| 14. PERMIT NO.                                                                                                                                      | 15. ELEVATIONS (Show whether OF, AT, OR, AND)<br>6836'GL | 11. SEC., T., S., R., OR B.L. AND<br>SUBST. OR AREA<br>Sec. 31, T-30-N, R-6 -W<br>N.M.P.M. |
|                                                                                                                                                     |                                                          | 12. COUNTY OR PARISH 13. STATE<br>Rio Arriba NM                                            |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.)

As per New Mexico Oil Conservation Division Administrative Order SWD-306, plugging operations shall commence six months from the time of first injection. Injection began August 1, 1987, and ceased November 2, 1987. Due to inclement weather and poor road conditions, a six month extension is requested to facilitate plugging operations.

RECEIVED  
FEB 03 1988  
OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES

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

SIGNED

Drilling Clerk

TITLE

DATE

01-20-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCC

\*See Instructions on Reverse Side

FEB 03 1988

DATE