

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(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 a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>El Paso Natural Gas Co.</u></p> <p>3. ADDRESS OF OPERATOR <u>Indian Oil Inc</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1670'S, 830'W</u></p> <p>14. PERMIT NO. _____</p>	<p align="center"><u>MAY 05 1987</u></p> <p align="center">BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</p> <p>15. ELEVATIONS (Show whether OF, RT, OR, etc.) <u>6248'GL</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 012573</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME <u>San Juan 30-6 Unit</u></p> <p>8. FARM OR LEASE NAME <u>San Juan 30-6 Unit</u></p> <p>9. WELL NO. <u>401</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Undes. Fruitland</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 13, T-30-N, R- 7-W N.M.P.M.</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>Rio Arriba NM</u></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	CELL 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) _____	

*NOTE: Report results of multiple completion on Well Completion or Recoupletion 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.)*

04-24-87 MOL & RU. NU BOP. TOOH w/2 7/8" tbg. Pumped 138 bbls. wtr w/138,000 SCF N2. Opened well to pit & blew dead. Pumped 276 bbls. wtr. w/276,000 scf N2. Opened well to pit & blew dead. Pumped 414 bbls. wtr w/414,000 scf N2. Opened well to pit & blew dead. Reran 2 7/8" tbg to 3164'. Unloaded hole w/N2. ND BOP. NU WH.

RECEIVED
AUG 03 1987
OIL CON. DIV.
DIST. 3

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

SIGNED *Reggie Cook* TITLE Drilling Clerk DATE 05-04-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
JUL 31 1987
FARMINGTON RESOURCE AREA
BY *D.A.A.*

*See Instructions on Reverse Side

NMOCC