

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 to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME San Juan 30-6 Unit
2. NAME OF OPERATOR El Paso Natural Gas Company	8. FARM OR LEASE NAME San Juan 30-6 Unit
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 402
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1455'S, 1455'W	10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-30-N, R-7 -W N.M.P.M.
14. PERMIT NO. APR 15 1986	12. COUNTY OR PARISH Rio Arriba NM
15. ELEVATIONS (Show whether DP, ST, GR, etc.) 6250' GL	13. STATE

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) <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.) \*

03-26-86 Pressure tested casing to 3500 psi, ok. Perf'd w/1 spz at 3032', 3036', 3040', 3044', 3048', 3054', 3072', 3076', 3080', 3084', 3104', 3108', 3112', 3116', 3129', 3132', and 3135'. Acidized with 10,000 gallons 15% HCl. Flushed with 9,500 gallons water. Tripped in hole to clean out. Found an obstruction in casing at 3028'. Found casing collapsed.

03-27-86 Milled on casing with gas.

04-03-86 Killed well and continued milling operations.

04-06-86 Cleaned out to 3159'. Ran 7 jts. 5 1/2", 15.50#, K-55 casing, set @ 3156'. Top of liner set at 2843'. No cement. Perforated 3031-48', 3050-54', 3069-80', 3082-84', 3103-16', 3127-35' w/8 spf. Tripped in hole to clean out.

04-09-86 Reperforated 3021-3064' with 8 spf. Ran production tubing, cleaned out well.

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

SIGNED

TITLE Drilling Clerk

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

\*See Instructions on Reverse Side

NMOCG