

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator El Paso Natural Gas Company</p> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec, T, R, M. 1515'S, 1441'W Sec. 23, T-30-N, R-7-W, NMPM</p>	<p>5. Lease Number SF-079382</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 30-6 Unit</p> <p>8. Well Name & Number San Juan 30-6 Unit #413</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State Rio Arriba County, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	

13. Describe Proposed or Completed Operations

A long term temporary abandonment was approved for this well and expired on 8-3-90. This is a request for a five-year extension of the long term temporary abandonment.

Background: this well developed casing problems that were repaired. During the repair, the formation was damaged significantly. The well was to be P&A'd subsequent to the redrill of the #413R. When the #413 was going to be plugged, it was found that the completion of the 413R had cleaned the formation damage up. Because this well gauged over 9 MMCF, the well was temporarily abandoned with a CIBP covered by a 30 sx cmt. plug. This permanent TA was intended to be for the life of the #413R, in case mechanical problems should disrupt its life.

THIS APPROVAL EXPIRES AUG 03 1995

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (CJS) Title Regulatory Affairs Date 10-7-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITION OF APPROVAL, IF ANY:

SEP 18 1990
DATE
Ken Townsend

FOR AREA MANAGER
FARMINGTON REGION