

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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 88404	9. WELL NO. 419
4. LOCATION OF WELL (Report location clearly and in accordance with the State requirements. See also space 17 below.) At surface 1450'N, 1140'E	10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
14. PERMIT NO.	11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 11, T-30-N, R-7 -W N.M.P.M.
15. ELEVATIONS (Show whether of RT. OR. and L. side) 6741'GL	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

DEC 09 1987

OIL CON. DIV.

DIST. 3

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 COMPLETION <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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input 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.)

11-01-87 TD 3509'. Ran 83 jts. 9 5/8", 40.0#, N-80 intermediate casing, 3497' set @ 3509'. Cemented with 826 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (1594 cu.ft.) followed by 200 sks. Class "B" with 2% calcium chloride (236 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

11-26-87 TD 3650'. Ran 8 jts. 5 1/2", 23.0#, P-110 casing liner, 231' set @ 3650'. Top of liner hanger @ 3419'. Did not cement.

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

SIGNED

[Signature]

TITLE Drilling Clerk

DATE

12-08-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side