

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

5. LEASE DESIGNATION AND SERIAL NO.

SE 0793822

6. INDIAN ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR  
Post Office Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 1800'N, 1185'E

7. UNIT AGREEMENT NAME  
San Juan 30-6 Unit

8. FARM OR LEASE NAME  
San Juan 30-6 Unit

9. WELL NO.  
417

10. FIELD AND POOL, OR WILDCAT  
Undes. Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25, T-30-N, R-7 -W  
N.M.P.M.

12. COUNTY OR PARISH 13. STATE  
Rio Arriba NM

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, OR, etc.)  
6685'GL

RECEIVED  
SLM MAIL ROOM  
DEC 14 AM 9:34  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

18. 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 COMPLETE <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.)\*

11-27-87 TD 3471'. Ran 79 jts. 7", 20.0#, K-55 intermediate casing, 3458' set @ 3471'. Cemented with 400 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (772 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

12-02-87 TD 3588'. Ran 4 jts. 5 1/2", 23.0#, P-110 casing liner, 171' set @ 3588'. Top of liner hanger @ 3417'. Did not cement

RECEIVED  
DEC 18 1987  
OIL CON. DIV  
DIST. 2

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

SIGNED [Signature] TITLE Drilling Clerk DATE 12-09-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

DEC 17 1987

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA