

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<br>San Juan 30-6 Unit                                     |
| 2. NAME OF OPERATOR<br>El Paso Natural Gas Company                                                                                                    | 8. FARM OR LEASE NAME<br>San Juan 30-6 Unit                                      |
| 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499                                                                                  | 9. WELL NO.<br>417                                                               |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1800'N, 1185'E | 10. FIELD AND POOL, OR WILDCAT<br>Undes. Fruitland                               |
| 14. PERMIT NO.                                                                                                                                        | 11. SEC. T. R. M. OR BLM. AND SURVEY OR AREA<br>Sec. 25, T-30-N, R- 7-W N.M.P.M. |
| 15. ELEVATIONS (Show whether OP, RT, OR, etc.)<br>6685'GL                                                                                             | 12. COUNTY OR PARISH<br>Rio Arriba NM                                            |
| 13. STATE                                                                                                                                             |                                                                                  |

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"/> | 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"/>               |                                          |
| (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.)

12-11-87 Tried to first deliver well. Logged off. Blew to set for clean up. Upon first sale of gas, will report production rate.

RECEIVED  
OIL FIELD ROOM  
07 DEC 21 AM 9:19  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
DEC 28 1987  
OIL CON. DIV.  
DIST. 3

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

|                                              |                             |                      |
|----------------------------------------------|-----------------------------|----------------------|
| SIGNED <u>[Signature]</u>                    | TITLE <u>Drilling Clerk</u> | DATE <u>12-18-87</u> |
| (This space for Federal or State office use) |                             |                      |
| APPROVED BY _____                            | TITLE _____                 | DATE _____           |
| CONDITIONS OF APPROVAL, IF ANY:              |                             |                      |

\*See Instructions on Reverse Side