

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	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. 415
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'S, 1565'W	10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
14. PERMIT NO.	11. SEC., T., R., M., OR B.M. AND SURVEY OR ALTA Sec. 26, T-30-N, R- 7-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6868'GL	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

This well was first delivered November 25, 1987 and produced natural gas and entrained hydrocarbons. 592 MCF/D and 358 BW/D.

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

SIGNED

TITLE Drilling Clerk

DATE

11-30-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side