

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 or a different completion.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ 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. 411
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 850'N, 970'E	10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-30-N, R- 7-W N. M. P. M.
15. ELEVATIONS (Show whether OP, RT, GR, etc.) 6523'GL	12. COUNTY OR PARISH 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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDISING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) ☐			

(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.) *

Attached is a survey plat for the pipeline tie for this location.

RECEIVED
DEC 30 1987
OIL CON. DIV
DIST. 3

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

SIGNED

TITLE Drilling Clerk

APPROVED

12-21-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DEC 24 1987

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

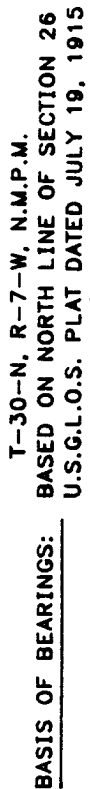
Robert Moore
AREA MANAGER

*See Instructions on Reverse Side

CATHERING SYSTEM

RANGE 7-W, N.M.P.M.

COUNTY RIO ARriba STATE NEW MEXICO SECTION 26.27 TOWNSHIP 30-N RANGE 7-W, N.M.P.M.



DWN. BY MD CONSTR. COMMENCED _____ APPL. DWG. _____ SLACK CHAIN _____
CKD. BY _____ CONSTR. COMPLETED _____ DATE _____ PIPE SIZE 4 1/2" O.D.

PRINT RECORD			PIPE DATA	METER STA. NO.
2	J. CLARK			
8	R/W			
1	E			
1	W/L			
1	J.M.			
1	L.W.			
OWNERSHIP	SUBDIVISION	OWNER	LESSEE	RODS
REV.				