

DEVIATION REPORT

Name of Company <i>Minden</i> El Paso Natural Gas Company			Address P.O. Box 4289, Farmington, NM 87499		
Lease San Juan 30-6 Unit	Well No. 421	Unit Letter G	Section 34	Township 30	Range 7
Pool Undesignated Fruitland			County Rio Arriba		

Depth (Ft.)

Deviation (Degrees)

223'	3/4
768'	1/2
1270'	1/2
1770'	3/4
2292'	3/4
2740'	1/2

R

E C E I T A

SEP 20 1988

OIL CON. DIV.

DIST. 5

I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated herein are true to the best of my knowledge and belief.

[Signature]

Subscribed and sworn to before me this 15th day of August, 1988

[Signature]
Notary Public in and for San Juan County, New Mexico

My Commission expires August 17, 1988.



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 type="checkbox"/> OTHER <input checked="" 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 87499	9. WELL NO. 421
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1660'N, 1450'E	10. FIELD AND POOL, OR WILDCAT Undes. Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-30-N, R-07-W N.M.P.M.
15. ELEVATIONS (Show whether OF, ST, OR, etc.) 6317'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 <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) Running Casing <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.)*

05-31-88 TD 3043'. Ran 70 jts. 7", 20.0#, K-55 intermediate casing, 3032' set @ 3043'. Cemented with 410 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (791 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circ. to surface

06-08-88 TD 3179'. Ran 5 jts. 5 1/2", 23.0#, P-110 casing liner, 180' set @ 3179'. Float shoe set @ 3179'. Top of liner hanger @ 2999'. Did not cement.

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

SIGNED [Signature]

TITLE Regulatory Affairs

DATE 09-15-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED [Signature]
DATE _____

*See Instructions on Reverse Side