

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-080714A
2. Name of Operator El Paso Natural Gas Company	6. If Indian, All.or Tribe Name
3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name San Juan 30-6 Unit
4. Location of Well, Footage, Sec, T, R, M. 740'S, 715'W Sec.10, T-30-N, R-6-W, NMPM	8. Well Name & Number San Juan 30-6 Unit #431
	9. API Well No.
	10. Field and Pool Basin Fruitland Coal
	11. County and State Rio Arriba County, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA	
Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection
13. Describe Proposed or Completed Operations	

It is intended to replace the 2 7/8" tbg in the subject well with a 4 1/2" production string landed @ 2725'.

RECEIVED

AUG 3 1990

OIL CON. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed [Signature] (KS) Title Regulatory Affairs Date 6-28-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

APPROVED

DATE

JUL 24 1990

AREA MANAGER

WMOOD