

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <i>Openion Oil</i> El Paso Natural Gas Company</p> <p>3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1490'S, 1188'W</p> <p>14. PERMIT NO. _____ 15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6237'GL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-080712</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME San Juan 30-6 Unit</p> <p>8. FARM OR LEASE NAME San Juan 30-6 Unit</p> <p>9. WELL NO. 459</p> <p>10. FIELD AND POOL, OR WILDCAT Undes. Fruitland Coal</p> <p>11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA Sec. 20, T-30-N, R-06-W N.M.P.M.</p> <p>12. COUNTY OR PARISH 13. STATE Rio Arriba NM</p>
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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) <u>Running Casing</u>	
(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.)*

10-03-88 TD 3159'. Ran 4 jts. 5 1/2", 23.0#, P-110 casing liner, 303' set @ 3159'. Float shoe set @ 3159'. Top of liner hanger @ 2897'. Did not cement.

RECEIVED
 66 OCT 26 PM 3:53
 FARMINGTON, NEW MEXICO

1988
 OCT 27 1988
 OIL CON. DIV.
 DIST. 3

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

SIGNED *[Signature]* TITLE Regulatory Affairs DATE 10-26-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side