

**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 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		5. LEASE DESIGNATION AND SERIAL NO. SF-079074
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME San Juan 30-6 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'N, 1710'E		8. FARM OR LEASE NAME San Juan 30-6 Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6286'GL	9. WELL NO. 466
		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-30-N, R- 7-W N.M.P.M.
		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:		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>Spud Well</u>	

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.)*

12-06-88 Spudded well at 9:00 pm 12-06-88. Drilled to 230'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 230'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

12-10-88 TD 2945'. Ran 69 jts. 7", 20.0#, K-55 intermediate casing, 2932' set @ 2945'. Cemented with 450 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (869 cu.ft.) followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

RECEIVED
 20 DEC 13 PM 12:56
 FARMINGTON RESOURCE AREA
 FARMINGTON, NEW MEXICO

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 12-13-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 13 1988
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side